

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005250

FILED  
Aug 29, 2005  
Secretary of State

**Entity Name:** ST. LUCIE COUNTY CHAPTER OF THE WOMENS COUNCIL OF REALTORS, INC.

**Current Principal Place of Business:**

4972 S 25TH ST  
FT. PIERCE, FL 349815009

**New Principal Place of Business:**

6666 SOUTH US HWY 1  
STE. 1  
FT. PIERCE, FL 34952

**Current Mailing Address:**

4972 S 25TH ST  
FT. PIERCE, FL 349815009

**New Mailing Address:**

6666 SOUTH US HWY 1  
STE. 1  
FT. PIERCE, FL 34952

**FEI Number:** 65-0816965 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

SWANSON, DEBRA  
4972 SOUTH 25TH STREET  
FORT PIERCE, FL 34981 US

**Name and Address of New Registered Agent:**

HEDGE, JIM  
6666 SOUTH US 1  
STE. 1  
FORT PIERCE, FL 34952 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JIM HEDGE

08/29/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: T ( ) Delete  
Name: RENNA, PATRICIA  
Address: 2659 MORNINGSIDE BLVD  
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: PP ( ) Delete  
Name: PAPPA, CARMEN  
Address: 1740 ST LUCIE  
City-St-Zip: FORT PIERCE, FL 34982

Title: PED ( ) Delete  
Name: LOWE, CURTIS  
Address: 7430 S US HWY 1  
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: PD ( ) Delete  
Name: COULSON, BONNIE  
Address: 1935 32ND AVENUE  
City-St-Zip: VERO BEACH, FL 32960

Title: S ( ) Delete  
Name: RONDEAU, THERESA  
Address: 100 S 2ND ST  
City-St-Zip: FORT PIERCE, FL 34950

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CURTIS LOWE

PED

08/29/2005

Electronic Signature of Signing Officer or Director

Date