## 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.

Name and Address of Current Registered Agent:  Name and Address of New Registered Agent:  Name and Address of N	Current Pr	incipal Place of Business:	New Principal Place of Business:	
1972 S 25TH ST TT. PIERCE, FL 349815009  15El Number: 65-0816965 1 accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  1 Address: 1 Addre			STE. 1	
STE. 1 T. PIERCE, FL 349815009  STE. Number: 65-0816965 FEI Number Applied For ( ) n 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 SWANSON, DEBRA SWANSON, DEBRA SWANSON, DEBRA SOUTH 25TH STREET FORT PIERCE, FL 34981 US  The above named entity submits this statement for the purpose of changing its registered office or registered agent, or in the State of Florida.  SIGNATURE:  JIM HEDGE  Rectronic Signature of Registered Agent  Deficers AND DIRECTORS:  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:  Address:  116: 116: 17 ( ) Delete 116: 17 ( ) Delete 17 () Change ( ) Addition 18 (Address: 1740 ST LUCIE, FL 34952  City-St-Zip: 1740 ST LUCIE 18 () Change ( ) Addition 18 (Address: 1740 ST LUCIE, FL 34952  City-St-Zip: 176: 177 (ST PIERCE, FL 34952  City-St-Zip: 177 (ST PIERCE, FL 34952  City-St-Zip: 178 (C) Change ( ) Addition 18 (Address: 1740 ST LUCIE, FL 34952  City-St-Zip: 178 (C) Change ( ) Addition 18 (Address: 1740 ST LUCIE, FL 34952  City-St-Zip: 178 (C) Change ( ) Addition 18 (Address: 18 (C) Change ( ) Addition 18 (C) Change	Current Mailing Address:		New Mailing Address:	
naccordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  Name and Address of Current Registered Agent:  Name and Address of New Registered Agent:  Name: A666 SOUTH US 1  STE. 1  FORT PIERCE, FL 34981 US  The above named entity submits this statement for the purpose of changing its registered office or registered agent, or in the State of Florida.  SIGNATURE: JIM HEDGE  Date  Date  OFFICERS AND DIRECTORS:  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:  Address: 2659 MoRNINGSIDE BLVD  Address: 2659 MORNINGSIDE BLVD  Address: 2659 MORNINGSIDE BLVD  Address: 2659 MORNINGSIDE BLVD  Address: 1740 ST LUCIE, FL 34952  City-St-Zip: FORT PIERCE, FL 34982  City-St-Zip: FORT PIERCE, FL 34982  City-St-Zip: FORT PIERCE, FL 34982  City-St-Zip: FORT SAINT LUCIE, FL 34952  City-St-Zip: FORT SAINT LUCIE, FL 34952  City-St-Zip: PORT SAINT LUCIE, FL 34952  City-St-Zip: PORT SAINT LUCIE, FL 34952  City-St-Zip: VERO BEACH, FL 32980  City-St-Zi			STE. 1	
BWANSON, DEBRA 1972 SOUTH 25TH STREET 1974 STE. 1 1974 FORT PIERCE, FL 34981 US 1975 SIGNATURE: JIM HEDGE 1976 SIGNATURE: JIM HEDGE 19		11 1,		
1972 SOUTH 25TH STREET   6666 SOUTH US 1   STE. 1   FORT PIERCE, FL 34981   US   STE. 1   FORT PIERCE, FL 34981   US   STE. 1   FORT PIERCE, FL 34982   US	Name and	Address of Current Registered Agent:	Name and Address of New Registered Agent:	
The State of Florida.	1972 SOUTH 25TH STREET		6666 SÓUTH US 1 STE. 1	
Electronic Signature of Registered Agent  Date  DFFICERS AND DIRECTORS:  ADDITIONS/CHANGES TO OFFICERS AND DIRE  Dity-St-Zip:  Delete  Title:  PP () Delete  Title:  Address:  Dity-St-Zip:  FORT PIERCE, FL 34982  City-St-Zip:  Title:  PED () Delete  Title:  PED () Delete  Title:  Delete  Title:  Delete  Title:  PED () Delete  Title:  Delete  Tit			of changing its registered office or registered agent, or bo	:h,
DFFICERS AND DIRECTORS:  ADDITIONS/CHANGES TO OFFICERS AND DIRE  itle: T () Delete Itle: RENNA, PATRICIA Address: 2659 MORNINGSIDE BLVD Address: City-St-Zip: PORT SAINT LUCIE, FL 34952  itle: PP () Delete Itle: Address: City-St-Zip: FORT PIERCE, FL 34982  City-St-Zip: City-St-Z	SIGNATURE: JIM HEDGE		08/29/2005	
Title: T ( ) Delete Title: ( ) Change ( ) Addition Address: 2659 MORNINGSIDE BLVD Address: 2659 MORNINGSIDE ADDRESS Address: 2659 MORNINGSIDE ADDRESS		Electronic Signature of Registered Agent	Date	_
lame: RENNA, PATRICIA	DFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
lame: PAPPA, CARMEN	lame: \ddress:	RENNA, PATRÍCIA 2659 MORNINGSIDE BLVD	Name: Address:	
lame: LOWE, CURTIS Name: Address: 7430 S US HWY 1 Address: City-St-Zip: PORT SAINT LUCIE, FL 34952 City-St-Zip:  Title: PD () Delete Title: () Change () Addition Name: Address: 1935 32ND AVENUE Address: City-St-Zip: VERO BEACH, FL 32960 City-St-Zip:  Title: S () Delete Title: () Change () Addition Name: Address: 1935 32ND AVENUE Address: Address: Address: Name: () Change () Addition Name: Address: 100 S 2ND ST Address:	lame: \ddress:	PAPPA, CARMEN 1740 ST LUCIE	Name: Address:	
Name: COULSON, BONNIE Name: Address: 1935 32ND AVENUE Address: City-St-Zip: VERO BEACH, FL 32960 City-St-Zip: Title: S () Delete Title: () Change () Addition Name: RONDEAU, THERESA Name: Address: 100 S 2ND ST Address:	lame: \ddress:	LOWE, CURTIS 7430 S US HWY 1	Name: Address:	
lame: RONDEAU, THÉRESA Name:  Address: 100 S 2ND ST Address:	lame: \ddress:	COULSON, BONNIE 1935 32ND AVENUE	Name: Address:	
	lame: \ddress:	RONDEAU, THERESA 100 S 2ND ST	Name: Address:	

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