

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005250

FILED
Mar 24, 2006
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0816965

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

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: T (X) Change () Addition
Name: ELLEN, FALK
Address: 518 SW COLLEEN AVENUE
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: PP (X) Change () Addition
Name: CURTIS, LOWE
Address: 908 SW GATLIN BLVD
City-St-Zip: FORT PIERCE, FL 34953

Title: PED (X) Change () Addition
Name: PATRICIA, RENNA
Address: 2659 MORNINGSIDE BLVD
City-St-Zip: PORT SAINT LUCIE, FL 34952

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

Title: S (X) Change () Addition
Name: DEBRA, BEICHEL
Address: 3500 TWIN LAKES TERR #203
City-St-Zip: FORT PIERCE, FL 34951

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: ELLEN FALK

T

03/24/2006

Electronic Signature of Signing Officer or Director

Date