2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

6/1

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Jul 07, 2008 8:00 am
Secretary of State

06-17-2008 90001 021 ****61.25

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05302008 Chg-NP CR2E037 (12/06)

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

Principal Place of Business
6666 SOUTH US HWY 1
STE. 1
FT. PIERCE, FL 34952

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

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip | Country

Zip | Country

4. FEI Number 65-0816965 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RENNA, PATRICIA
C/O RASL
6666 SOUTH US1 SUITE 100
FORT PIERCE, FL 34952

7. Name and Address of New Registered Agent

Name Cathy Prisco -CATHERINE M. PRISCO

Street Address (P.O. Box Number Is Not Acceptable)
C/O RASL
6666 South US1 Suite 100

City Fort Pierce, FL FL Zip Code 34952

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE CATHERINE M. PRISCO 7/3/08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee Is $61.25
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	S	☐ Delete
NAME	ELLEN, FALK	
STREET ADDRESS	518 SW COLLEEN AVENUE	
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34983	
TITLE	PP	☐ Delete
NAME	CURTIS, LOWE	
STREET ADDRESS	908 SW GATLIN BLVD	
CITY-ST-ZIP	FORT PIERCE, FL 34953	
TITLE	P	☐ Delete
NAME	PATRICIA, RENNA	
STREET ADDRESS	2659 MORNINGSIDE BLVD	
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34952	
TITLE	P	☐ Delete
NAME	PRISCO, CATHERINE	
STREET ADDRESS	1530 SE APPAMATTOX TERR	
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34952	
TITLE	V	☐ Delete
NAME	PRISCO, CHRISTOPHER	
STREET ADDRESS	750 SE ABLETT LANE	
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34952	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	S	☒ Change ☐ Addition
NAME	Victoria Morhardt	
STREET ADDRESS	3244 River Drive	
CITY-ST-ZIP	Fort Pierce, FL 34981	
TITLE	PP	☒ Change ☐ Addition
NAME	Patricia Renna	
STREET ADDRESS	2659 Morninside BLVD	
CITY-ST-ZIP	Port St Lucie, FL 34952	
TITLE	P	☒ Change ☐ Addition
NAME	Cathy Prisco	
STREET ADDRESS	1530 SE Appamattox Terr	
CITY-ST-ZIP	Port St Lucie, FL 34952	
TITLE	P	☒ Change ☐ Addition
NAME	Ron Albert	
STREET ADDRESS	1811 SW Mackenzie Street	
CITY-ST-ZIP	Port St. Lucie, FL 34953	
TITLE	V	☒ Change ☐ Addition
NAME	Shirley Copenhaver	
STREET ADDRESS	1430 SE San Souci Lane	
CITY-ST-ZIP	Port St. Lucie, FL 34952	
TITLE	T	☐ Change ☒ Addition
NAME	Tammy Ross	
STREET ADDRESS	691 SE Whitmore Drive	
CITY-ST-ZIP	Port St Lucie, FL 34984	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: TAMMY L. ROSS 6/9/08 772 240-7111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #