

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005250

FILED
Feb 19, 2010
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:

6666 SOUTH US HWY 1
STE. 1
PORT ST. LUCIE, FL 34952

Current Mailing Address:

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

New Mailing Address:

6666 SOUTH US HWY 1
STE. 1
PORT ST. LUCIE, FL 34952

FEI Number: 65-0816965

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALBERT, RONALD
C/O RASL
6666 SOUTH US1 SUITE 100
FORT PIERCE, FL 34952 US

Name and Address of New Registered Agent:

COPENHAVER, SHIRLEY
C/O REALTOR ASSOC. ST. LUCIE COUNTY
6666 SOUTH US1 SUITE 100
PORT ST. LUCIE, 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: SHIRLEY COPENHAVER

02/19/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TRES
Name: GERDES, BRENDA
Address: 2355 SE SEAFURY LANE
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: P
Name: COPENHAVER, SHIRLEY
Address: 1430 SE SAN SOUCI LANE
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: VPM
Name: STEGMAIER, PATRICIA
Address: 1603A LAUREL LEAF LANE
City-St-Zip: FT. PIERCE, FL 34950

Title: SEC
Name: BAIZE, LIZ
Address: 1625 SE GREEN ACRES CIRCLE, APT Y202
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: V
Name: LOWE, CURTIS
Address: 458 SW EYERLY AVENUE
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: PP
Name: ALBERT, RON
Address: 1811 SW MACKENZIE STREET
City-St-Zip: PORT SAINT LUCIE, FL 34984

I hereby 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 all other like empowered.

SIGNATURE: SHIRLEY COPENHAVER

P

02/19/2010

Electronic Signature of Signing Officer or Director

Date