

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001441

FILED
Jan 21, 2005
Secretary of State

Entity Name: THE ST. LUCIE WATERFRONT COUNCIL, INC.

Current Principal Place of Business:

P.O. BOX 4143
FT PIERCE, FL 34948

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 4143
FT PIERCE, FL 34948

New Mailing Address:

FEI Number: 65-0738449 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

O'CONNOR, JOHN A
321 SO OCEAN DRIVE
FT PIERCE, FL 34949 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: PD () Delete
Name: JOHNSON, DELORES
Address: 429 NORTH 19TH ST.
City-St-Zip: FT PIERCE, FL 34950

Title: VD () Delete
Name: OCONNOR, JOHN
Address: 321 SO OCEAN DR
City-St-Zip: FT PIERCE, FL 34949

Title: SD () Delete
Name: NAPP, AUDREY
Address: 1509 PABER COURT
City-St-Zip: FORT PIERCE, FL 34949

Title: TD () Delete
Name: BURLINGHAM, SHIRLEY
Address: 5312 LOGGERHEAD PLA
City-St-Zip: FT PIERCE, FL 34949

Title: VD () Delete
Name: KUKLINSKI, GERALD
Address: 7201 KENWOOD DRIVE
City-St-Zip: FORT PIERCE, FL 34951

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SD (X) Change () Addition
Name: ARENA, JOHN
Address: 1509 FABER COURT
City-St-Zip: FORT PIERCE, FL 34949

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: SHIRLEY BURLINGHAM, TREASURER

TD

01/21/2005

Electronic Signature of Signing Officer or Director

_____ Date