

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001441

FILED  
Apr 29, 2011  
Secretary of State

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

**Current Principal Place of Business:**

429 N. 19TH ST.  
FT PIERCE, FL 34950

**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:**

JOHNSON, DELORES H PRESIDE  
429 N. 19TH ST.  
FT PIERCE, FL 34950 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  
Name: JOHNSON, DELORES  
Address: 429 NORTH 19TH ST.  
City-St-Zip: FT PIERCE, FL 34950

Title: VP  
Name: KUKLINSKI, GERALD  
Address: 7201KENWOOD RD.  
City-St-Zip: FT PIERCE, FL 34951

Title: SD  
Name: ARENA, JOHN  
Address: 1509 FABER COURT  
City-St-Zip: FORT PIERCE, FL 34949

Title: T  
Name: PARRY, JOHN  
Address: 2203 S. INDIAN RIVER DR  
City-St-Zip: FORT PIERCE, FL 34950

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: DELORES HOGAN JOHNSON

PRES

04/29/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date