

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N97000006106

FILED
Dec 16, 2009
Secretary of State

Entity Name: ST. LUCIE COUNTY HUMAN RESOURCE ASSOCIATION, INC.

Current Principal Place of Business:

900 VIRGINIA AVENUE
16
FORT PIERCE, FL 34982 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 12274
FORT PIERCE, FL 349792274

New Mailing Address:

FEI Number: 65-0828540 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

GARRETT, ERICA
900 VIRGINIA AVENUE, SUITE 16
FORT PIERCE, FL 34982 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: ERICA GARRETT

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: VAUGHN, AMY
Address: P.O. BOX 12274
City-St-Zip: FORT PIERCE, FL 34979

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

Title: P-E () Delete
Name: GARRETT, ERICA
Address: 900 VIRGINIA AVE, SUITE 16
City-St-Zip: FORT PIERCE, FL 34982

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

Title: VP () Delete
Name: VERA-AVILES, ROSALINDA
Address: P.O. BOX 12274
City-St-Zip: FORT PIERCE, FL 34979

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

Title: T () Delete
Name: BRIDGEMAN, LISA
Address: P.O. BOX 12274
City-St-Zip: FORT PIERCE, FL 34979

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

Title: SEC () Delete
Name: DESMANGLES, JENNIFER
Address: P.O. BOX 12274
City-St-Zip: FORT PIERCE, FL 34979

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

I hereby certify that the information supplied with this filing does not qualify 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: AMY VAUGHN

PRES

12/16/2009

Electronic Signature of Signing Officer or Director

Date