

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90056 044 ****61.25

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1. Entity Name
HAVEN OF HOPE OF ST. LUCIE COUNTY, INC.



Principal Place of Business
**2225 S.W. IMPORT ROAD
PORT ST. LUCIE, FL 34953**

Mailing Address
**2225 S.W. IMPORT ROAD
PORT ST. LUCIE, FL 34953**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03072006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
65-0940481

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCMAHON, BRIAN D.
5 MELODY HILL
STUART, FL 34996**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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 May 1, 2006**

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 ☐ Delete
NAME **P**
STREET ADDRESS **MCMAHON, BRIAN D**
CITY-ST-ZIP **5 MELODY HILL
STUART, FL 34996**

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **LAMSON, LEIGH**
CITY-ST-ZIP **2412 SE BORDEAUX CT
PORT SAINT LUCIE, FL 34952**

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **MCMAHON, BRIAN D**
CITY-ST-ZIP **5 MELODY HILL
STUART, FL 34996**

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **FOSTER, CONSTANCE B**
CITY-ST-ZIP **798 S.W. BELMONT CIRCLE
PORT ST. LUCIE, FL 34953**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **BIANCA ROACH**
CITY-ST-ZIP **2225 SW Import Drive
Port Saint Lucie, FL 34953**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Constance Foster

[Signature]

3/13/06