

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008314

Entity Name: ROUNDTABLE OF ST. LUCIE COUNTY, INC.**Current Principal Place of Business:**546 N.W. UNIVERSITY BLVD.
SUITE 204
PORT ST. LUCIE, FL 34986**Current Mailing Address:**546 N.W. UNIVERSITY BLVD.
SUITE 204
PORT ST. LUCIE, FL 34986**FEI Number:** 20-5375835**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BISHOP, TERESA
546 N.W. UNIVERSITY BLVD.
SUITE 204
PORT ST. LUCIE, FL 34986 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:** TERESA BISHOP

01/11/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PAST CHAIR
Name BOYLE, SEAN
Address 546 NW UNIVERSITY BLVD.
SUITE 201
City-State-Zip: PORT ST. LUCIE FL 34986

Title EXD
Name BISHOP, TERESA
Address 546 N.W. UNIVERSITY BLVD.
SUITE 204
City-State-Zip: PORT ST. LUCIE FL 34986

Title CHAIRMAN
Name HUDSON, LINDA
Address 100 NORTH US 1
City-State-Zip: FORT PIERCE FL 34954

Title AT LARGE
Name VON SEELEN, LISA
Address 117 ATLANTIC AVE.
City-State-Zip: FORT PIERCE FL 34950

Title TREASURER
Name LOUPE, TONY
Address 584 NW UNIVERSITY BLVD.
City-State-Zip: PORT ST. LUCIE FL 34986

Title SECRETARY
Name WILSON, WY'DEEA
Address 2215 SOUTH 25TH ST.
City-State-Zip: FORT PIERCE FL 34947

Title STEERING COMMITTEE CHAIR
Name HAWLEY, DEBBIE
Address 9461 BRANDYWINE LANE
City-State-Zip: PORT ST. LUCIE FL 34986

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: TERESA BISHOP**EXECUTIVE DIRECTOR**

01/11/2021

Electronic Signature of Signing Officer/Director Detail

Date