


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # N93000000745 1. Entity Name TREASURE COAST TURF TECHNICIANS ASSOCIATION, INC.	
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Principal Place of Business 4900 SW BERRY AVE PALM CITY, FL 34990 US	Mailing Address PO BOX 1206 PALM CITY, FL 34991 US
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DO NOT WRITE IN THIS SPACE



01102004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3166669	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WOLFE, GARY
 2537 BURTON ST
 PORT SAINT LUCIE, FL 34952

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3. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
 Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAITHEL, BRUCE 199 CURTIS CT SEBASTIAN, FL 32958
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COGGINS, CORBY 792 SEVEN GABLES CIRCLE PALM BAY, FL 32909
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NELSON, ROBERT PO BOX 1429 PALM CITY, FL 34991
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/20/04-80066-003 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Robert Nelson - President* **ROBERT NELSON** 1/8/04 772-220-1499
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #