


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90009 015 ****61.25

DOCUMENT # N99000001691
 1. Entity Name
TREASURE COAST MERCHANT MARINES CHAPTER, INC.



Principal Place of Business: **889 S.W. WENTWORTH STREET SEBASTIAN FL 32958**
 Mailing Address: **889 S.W. WENTWORTH STREET SEBASTIAN FL 32958**

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.
 City & State: _____
 Zip: _____ Country: _____



MOORE CR2E037 (11/03)

4. FEI Number: **NO-T APPLICABLE** Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent: **MATTHEWS, GALE H 889 S.W. WENTWORTH STREET SEBASTIAN FL 32958**
 7. Name and Address of New Registered Agent: 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: Gale H. Matthews DATE: 2-24-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2004
 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: P NAME: VERCRUYSE, GEORGE STREET ADDRESS: 78 SAN LUIS OBISPO CITY-ST-ZIP: FORT PIERCE FL 34951	<input type="checkbox"/> Delete	TITLE: D NAME: JOY, EVELYN STREET ADDRESS: 549 GLENCOVE ST. CITY-ST-ZIP: SEBASTIAN, FL 32958-4423	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: VP NAME: JOMIDES, PETER STREET ADDRESS: 9775 20TH ST. LOT 606 CITY-ST-ZIP: VERO BEACH FL 32966-6920	<input type="checkbox"/> Delete	TITLE: D NAME: SHERIDAN, GEORGE STREET ADDRESS: 3100 NO. A1A - APT PHC-1 CITY-ST-ZIP: NORTH HUTCHINSON ISLAND FT. PIERCE, FL 34949-8836	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: S NAME: BRADY, MARGE STREET ADDRESS: 329 NE CULLMAN CT. CITY-ST-ZIP: PORT SAINT LUCIE FL 34983	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: MATTHEWS, GALE STREET ADDRESS: 889 SW WENTWORTH ST CITY-ST-ZIP: SEBASTIAN FL 32958	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: DATTALO, ANTHONY STREET ADDRESS: PO BOX 1302 CITY-ST-ZIP: JENSEN BEACH FL 34958	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: HASKINS, RUSSELL STREET ADDRESS: 2805 11TH AVE. CITY-ST-ZIP: VERO BEACH FL 32960	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Gale H. Matthews GALE H. MATTHEWS 772-589-7625
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #