


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90004 008 ****61.25

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



Principal Place of Business Mailing Address
3 VENTURA LANE **3 VENTURA LANE**
PORT SAINT LUCIE FL 34952 **PORT SAINT LUCIE FL 34952**



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State City & State

4. FEI Number Applied For
NO-T APPLICABLE Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
ELLIS, WILLIAM J
3 VENTURA LANE
PORT SAINT LUCIE FL 34952

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

FILE NOW: 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	P	<input type="checkbox"/> Delete
NAME	JOMIDES, PETER	
STREET ADDRESS	8775 20TH STREET LOT 606	
CITY-ST-ZIP	VERO BEACH FL 32966	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ZAWAXI, TOM	
STREET ADDRESS	624 CENTER CT SW, APT. 102	
CITY-ST-ZIP	VERO BEACH FL 32962	
TITLE	S	<input type="checkbox"/> Delete
NAME	BRADY, MARGE	
STREET ADDRESS	329 NE CULLMAN CT.	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34983	
TITLE	T	<input type="checkbox"/> Delete
NAME	ELLIS, WILLIAM J	
STREET ADDRESS	3 VENTURA LANE	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34952	
TITLE	D	<input type="checkbox"/> Delete
NAME	VER CROYSSE, GEORGE	
STREET ADDRESS	78 SAN LUIS OBISPO	
CITY-ST-ZIP	FORT PIERCE FL 34951	
TITLE	D	<input type="checkbox"/> Delete
NAME	MATTHEWS, GALE	
STREET ADDRESS	889 SW WENTWORTH STREET	
CITY-ST-ZIP	SEBASTIAN FL 32958	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 Section 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: *William J. Ellis* *William J. Ellis* *Jan. 25, 2006* *1-772-344-5469*