FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR 17 AM 9:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N20817 (5)

1. Corporation Name

TREASURE COAST ADVERTISING FEDERATION, INC.

Principal Place of Business	Mailing Address
P O BOX 4477 FORT PIERCE FL 34948-4477	P O BOX 4477 FORT PIERCE FL 34948-4477

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/26/1987
3a. Date of Last Report: 03/01/1994
4. FEI Number: 65-0067802 — Applied For ☐ Not Applicable ☐

2. Principal Place of Business 21
2a. Mailing Address 26
Suite, Apt. #, etc. 22 / 27
City & State 23 / 28
Zip 24 / Country 25 / Zip 29 / Country 30

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DAVIS, JUDY (~~TREASURER~~) DIRECTOR 1476 28TH AVE VERO BCH FL 32960	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	President	☒ Change ☐ Addition
NAME	MUCCI, MICHAEL	12 NAME	William Jenkins	
STREET ADDRESS	789 S. FEDERAL HWY, SUITE 206	13 STREET ADDRESS	100 Avenue A, Suite 2D	
CITY-ST-ZIP	STUART FL	14 CITY-ST-ZIP	Ft. Pierce, FL 34950	
TITLE	D	21 TITLE	Director	☒ Change ☐ Addition
NAME	ELLIS, HERB	22 NAME	Delila McKenna	
STREET ADDRESS	423 DELAWARE AVE.	23 STREET ADDRESS	4988 S. 25th Street	
CITY-ST-ZIP	FT PIERCE FL	24 CITY-ST-ZIP	Ft. Pierce, FL 34982	
TITLE	T	31 TITLE	Treasurer	☒ Change ☐ Addition
NAME	DAVIS, JUDY	32 NAME	Jim Mitts	
STREET ADDRESS	1476 28TH AVE	33 STREET ADDRESS	1110 Old Dixie Hwy. A#4	
CITY-ST-ZIP	VERO BCH FL	34 CITY-ST-ZIP	Vero Beach, FL 32960	
TITLE	D	41 TITLE	1st VP	☒ Change ☐ Addition
NAME	EICHELBERGER, BETSY	42 NAME	Pat Bridges	
STREET ADDRESS	7206 SEBASTIAN RD.	43 STREET ADDRESS	1939 S. Federal Hwy.	
CITY-ST-ZIP	FT PIERCE FL	44 CITY-ST-ZIP	Stuart, FL 34994	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

3/21

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 2-13-95 407-221-4274
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0067802