

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90091 021 ****61.25

DOCUMENT # N20817

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



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BURNS-MCLAUGHLIN, DORIS
100 AVE A
SUITE 2-C
FT PIERCE FL 34950

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE

NAME BALLINGER, MIKE
STREET ADDRESS 1939 S. FEDERAL HWY
CITY-ST-ZIP STUART FL

TITLE PD ☐ DELETE

NAME PINE, JON
STREET ADDRESS 3055 CARDINAL DR., SUITE 200
CITY-ST-ZIP VERO BEACH FL

TITLE VPD ☐ DELETE

NAME JETTINHOFF, DIANE
STREET ADDRESS P.O. BOX 342 N/A
CITY-ST-ZIP HOBE SOUND FL 33475

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE D ☒ Change ☐ Addition

2.2 NAME PINE, JON
2.3 STREET ADDRESS 3055 Cardinal Dr., Suite 200
2.4 CITY-ST-ZIP Vero Beach, FL 32960

3.1 TITLE VPD ☒ Change ☐ Addition

3.2 NAME Jettinhoff, Diane
3.3 STREET ADDRESS 8326 SE Pinehaven Ave
3.4 CITY-ST-ZIP Hobe Sound, FL 33455

4.1 TITLE VPD ☐ Change ☒ Addition

4.2 NAME Mazzota, Jason
4.3 STREET ADDRESS 7886 SW. Ellipse Way
4.4 CITY-ST-ZIP Stuart, FL 34997

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Doris Burns-McLaughlin 3/25/99 561-465-4654

CR2E037 (11/98)