

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20817

FILED
Apr 30, 2004
Secretary of State

Entity Name: TREASURE COAST ADVERTISING FEDERATION, INC.

Current Principal Place of Business:

PO BOX 1428
PALM CITY, FL 34991

New Principal Place of Business:

Current Mailing Address:

PO BOX 1428
PALM CITY, FL 34991

New Mailing Address:

FEI Number: 65-0067802

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLAIR, DORIS
100 AVE A
SUITE 2-C
FT PIERCE, FL 34950 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LEATHERS, ROBERT
Address: 690 SE MONTEREY RD.
City-St-Zip: STUART, FL 34996

Title: VD () Delete
Name: RAFAELS, DIANE
Address: 8080 PEPPERCORN CT.
City-St-Zip: HOBE SOUND, FL 33455

Title: SD () Delete
Name: BIEK, TARA
Address: 1939 S. FEDERAL HWY
City-St-Zip: STUART, FL 34994

Title: D () Delete
Name: BUNCY, PAULA
Address: 712 NW FORK RD.
City-St-Zip: STUART, FL 34994

Title: D () Delete
Name: BAGGETT, JOY
Address: 2646 SW MAPP RD. STE. 305
City-St-Zip: PALM CITY, FL 34990

Title: D () Delete
Name: BLAIR, DORIS
Address: 100 AVE A
City-St-Zip: FORT PIERCE, FL 34950

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LEATHERS, ROBERT
Address: 432 FUGE RD.
City-St-Zip: STUART, FL 34997

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT LEATHERS

PD

04/30/2004

Electronic Signature of Signing Officer or Director

Date

BETSY DELANO D
1962 SE FALLON DR
PORT ST. LUCIE, FL 34983