

**2020 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 765650

**Entity Name:** TREASURE COAST HEALTH COUNCIL, INC.

**Current Principal Place of Business:**

600 SANDTREE DRIVE  
101  
PALM BEACH GARDENS, FL 33403

**Current Mailing Address:**

600 SANDTREE DRIVE  
101  
PALM BEACH GARDENS, FL 33403 US

**FEI Number: 59-2242689**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

STEPHENSON ROYSTER, ANDREA D  
600 SANDTREE DRIVE  
101  
PALM BEACH GARDENS, FL 33403 US

*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: ANDREA STEPHENSON ROYSTER**

**10/07/2020**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name RITCHIE-PONCY, MARNIE ESQ.  
Address 941 NORTH HWY A1A  
City-State-Zip: JUPITER FL 33477

Title CEO  
Name STEPHENSON ROYSTER, ANDREA  
Address 600 SANDTREE DRIVE  
SUITE 101  
City-State-Zip: PALM BEACH GARDENS FL 33403

Title SECRETARY  
Name BRAMBLE, THERESA, E.  
Address 1227 SW STARLIGHT COVE  
City-State-Zip: PORT ST LUCIE FL 34986

Title DIRECTOR  
Name DICKERSON, MARIO  
Address 5201 VILLAGE BLVD  
SUITE B  
City-State-Zip: WEST PALM BEACH FL 33407

Title VC  
Name BISHOP, CHRISTINE O.D.  
Address 710 S. PARROTT AVENUE  
City-State-Zip: OKEECHOBEE FL 34974

Title CHAIRMAN  
Name DOAK, JENNIFER DR.  
Address 2429 NE GINGER TERRACE  
City-State-Zip: JENSEN BEACH FL 34957

Title DIRECTOR  
Name FIGNAR, JACKIE  
Address 11320 47TH ROAD N  
City-State-Zip: WEST PALM BEACH FL 33411

Title DIRECTOR  
Name BURDETTE, KATHLEEN  
Address 10551 SW WESTLAWN BLVD  
City-State-Zip: PORT ST LUCIE FL 34987

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*I hereby 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 all other like empowered.*

**SIGNATURE: ANDREA STEPHENSON ROYSTER**

**CEO**

**10/07/2020**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           FRANKLIN, ELISABETH  
Address        1202 PALM TRAIL  
                  #5  
City-State-Zip: DELRAY BEACH FL 33483

Title           DIRECTOR  
Name           FRANKLIN, LYNN  
Address        1981 SE TALBOT PLACE  
City-State-Zip: STUART FL 34997