

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17000012105

Entity Name: TREASURE COAST CLASSICAL ACADEMY, INC.**Current Principal Place of Business:**1400 SE COVE RD
STUART, FL 34997**Current Mailing Address:**1400 SE COVE RD
STUART, FL 34997 US**FEI Number: 82-3724972****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**DONALDS, ERIKA
15275 COLLIER BOULEVARD
#201-299
NAPLES, FL 34119 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	CH
Name	DANIEL, LYNDA
Address	3902 SW SAINT LUCIE LANE
City-State-Zip:	PALM CITY FL 34990

Title	SEC
Name	HOFFPAUIR, JOAN
Address	12001 SE ELENOR AVE
City-State-Zip:	HOBE SOUND FL 33455

Title	DIR
Name	WELLS, MARIA
Address	52 SW ALBANY AVENUE
City-State-Zip:	STUART FL 34994

Title	DIR
Name	PATE, LAURA
Address	1754 CRANE CREEK CIRCLE
City-State-Zip:	PALM CITY FL 34990

Title	D
Name	FEATHERSTONE, JOSEPH
Address	9475 MERLIN CT
City-State-Zip:	STUART FL 34997

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: LYNDA DANIEL**CHAIR****01/07/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date