

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 719642

FILED
Feb 03, 2004
Secretary of State**Entity Name:** TREASURE COAST BAPTIST ASSOCIATION, INC.**Current Principal Place of Business:**5700 GRAHAM RD
FORT PIERCE, FL 349474307 US**New Principal Place of Business:****Current Mailing Address:**5700 GRAHAM RD
FORT PIERCE, FL 349474307 US**New Mailing Address:****FEI Number:** 59-1412608**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**WEBB, HARVEY J
137 MELTON AVE
SEBASTIAN, FL 32958 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:** T () Delete
Name: GOSNEY, MARIE
Address: 458 BRIDLEWOOD WAY
City-St-Zip: FORT PIERCE, FL 34945**Title:** D () Delete
Name: LOPES, JANET K,
Address: 110 HIALEAH AVE
City-St-Zip: FT. PIERCE, FL 34982**Title:** P () Delete
Name: WEBB, HARVEY J
Address: 137 MELTON AVE
City-St-Zip: SEBASTIAN, FL 32958**Title:** D () Delete
Name: BRIDGERS, CRAIG
Address: 6109 SUNSET BLVD
City-St-Zip: FT PIERCE, FL 34982**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****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: JANET K LOPES

D

02/03/2004

Electronic Signature of Signing Officer or Director

Date