FILED

## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

## **DOCUMENT # 719642**



Jan 17, 2003 8:00 am Secretary of State 1. Entity Name 01-17-2003 90071 040 \*\*\*\*61.25 TREASURE COAST BAPTIST ASSOCIATION, INC. Principal Place of Business Mailing Address 5700 GRAHAM RD 5700 GRAHAM RD FORT PIERCE FL 34947-4307 90004261 FORT PIERCE FL 34947-4307 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. X CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 59-1412608 Applied For Zip Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent Fee Required 7. Name and Address of New Registered Agent WESB, HARVEY J Street Address (P.O. Box Number is Not Acceptable) 5700 GRAHAM RD FT PIERCE FL 34947 MELTON AVENUE SEBASTIAN 8. 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. I am familiar with, and accept SIGNATURE \_\_\_\_\_\_ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE 🔀 Delete TITLE HORNE, CINDY Change NAME ☐ Addition NAME GOSNEY MARIE 3790 SPINNAKER CT STREET ADDRESS 458 BR'I DLE WOOD WAY STREET ADDRESS CITY-ST-ZIP FT. PIERCE FL 34946 CITY-ST-7IP FORT PIERCE, FL 34945 TITLE ☐ Delete TITLE LOPES, JANET K ☐ Change ☐ Addition NAME STREET ADDRESS 110 HIALEAH AVE STREET ADDRESS CITY-ST-ZIP FT. PIERCE FL 34982 CITY-ST-ZIP TITLE Delete TITLE Change -NAME WEBB, HARVEY J ¬□ Addition NAME STREET ADDRESS 5700 GRAHAM RD 137 MELTON AVENUE STREET ADDRESS CITY-ST-ZIP FT PIERCE FL 34947 CITY-ST-ZIP SEBASTIAN FL 32958 TITLE ☐ Delete TITLE BRIDGERS, CRAIG ☐ Change NAME ☐ Addition NAME STREET ADDRESS 6109 SUNSET BLVD STREET ADDRESS CITY-ST-ZIP FT PIERCE FL 34982 CITY-ST-ZIP Delete TITLE MOORE, STEVEN ☐ Change NAME ☐ Addition NAME STREET ADDRESS 2325 S. E. MANOR AVE STREET ADDRESS CITY-ST-ZIP PORT ST. LUCIE FL 34952 CITY-ST-ZIP TITLE ☐ Delete TITI F NAME Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 report or supplemental 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 changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

15/03