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CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JUL 31 PM 12:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **720046** **(2)**

1. Corporation Name
TREASURE COAST CONCERT ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3065 PRUITT RD. PORT ST LUCIE FL 34952	3065 PRUITT RD. PORT ST LUCIE FL 34952

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/21/1983**
3a. Date of Last Report: **01/27/1994**
4. FEI Number: **59-1729236** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 —	26 —
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

WHITE, ROGER O.
3065 PRUITT RD.
PORT ST LUCIE FL 34952

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	D	☐ Change ☒ Addition
NAME	WHITE, ROGER	1.2 NAME	ERNEST BERLIN	
STREET ADDRESS	3065 PRUITT RD.	1.3 STREET ADDRESS	2394 SW FOXPOINT WAY	
CITY-ST-ZIP	PT. ST. LUCIE FL	1.4 CITY-ST-ZIP	PALM CITY, FL. 34990	
TITLE	TD	2.1 TITLE	D	☐ Change ☒ Addition
NAME	GELSOMINO, LOUIS T.	2.2 NAME	CHARLES MORRILL	
STREET ADDRESS	12065 RIVERBEND ROAD	2.3 STREET ADDRESS	10410 S OCEAN DRIVE, # 904	
CITY-ST-ZIP	PT. ST. LUCIE FL	2.4 CITY-ST-ZIP	JENSEN BEACH, FL.,34957	
TITLE	S	3.1 TITLE	D	☐ Change ☒ Addition
NAME	AUSTIN, JAMES	3.2 NAME	ROBERT E VALLE	
STREET ADDRESS	3733 SW PHEASANT RUN	3.3 STREET ADDRESS	5010 SE BURNING TREE CIRCLE	
CITY-ST-ZIP	PALM CITY FL	3.4 CITY-ST-ZIP	STUART, FL., 34997	
TITLE	D	4.1 TITLE	D	☐ Change ☒ Addition
NAME	FINE, HELEN	4.2 NAME	SYLVIA KOHLIK	
STREET ADDRESS	2505 HOLLYBERRY LANE	4.3 STREET ADDRESS	2181 SE AIROSO BLVD	
CITY-ST-ZIP	PALM CITY FL	4.4 CITY-ST-ZIP	PORT ST LUCOE, FL.34984	
TITLE	D	5.1 TITLE	D	☐ Change ☒ Addition
NAME	CANFIELD, MARVIN	5.2 NAME	DR OSCAR ROZETT	
STREET ADDRESS	732 LANSDOWNE AVE.	5.3 STREET ADDRESS	2934 CATES CIRCLE	
CITY-ST-ZIP	PT ST LUCIE FL	5.4 CITY-ST-ZIP	PORT ST LUCIE, FL.,34952	
TITLE	D	6.1 TITLE	TD	☐ Change ☒ Addition
NAME	GANGI, GERTRUDE	6.2 NAME	DONNA NAGELREITER	
STREET ADDRESS	1605 E ST LUCIE BLVD	6.3 STREET ADDRESS	5277 SW ANHINGA AVE	
CITY-ST-ZIP	STUART FL	6.4 CITY-ST-ZIP	PALM CITY, FL., 34990	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 7/24/95 407-878-2414
SIGNATURE AND TYPED OR PRINTED NAME OF DURING OFFICER OR DIRECTOR — Date — Daytime Phone #

0080823