

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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**

3. Date Incorporated or Qualified
11/21/1983

3a. Date of Last Report
07/31/1995

2. Principal Place of Business

2a. Mailing Address

21

26

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WHITE, ROGER	
STREET ADDRESS	3065 PRUITT RD.	
CITY - ST - ZIP	PT. ST. LUCIE FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	GELSOMINO, LOUIS T.	
STREET ADDRESS	12065 RIVERBEND ROAD	
CITY - ST - ZIP	PT. ST. LUCIE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	AUSTIN, JAMES	
STREET ADDRESS	3733 SW PHEASANT RUN	
CITY - ST - ZIP	PALM CITY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FINE, HELEN	
STREET ADDRESS	2505 HOLLYBERRY LANE	
CITY - ST - ZIP	PALM CITY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CANFIELD, MARVIN	
STREET ADDRESS	732 LANSLOWNE AVE.	
CITY - ST - ZIP	PT ST LUCIE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GANGI, GERTRUDE	
STREET ADDRESS	1605 E ST LUCIE BLVD	
CITY - ST - ZIP	STUART FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	TRUSONIK	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	DOONAL NAGLERIK	
13 STREET ADDRESS	5277 S.W. ANTIQUA TR.	
14 CITY - ST - ZIP	PALM CITY, FL 34990	
21 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	ERNEST BERLIN	
23 STREET ADDRESS	2314 SW FOXPLAIN LANE	
24 CITY - ST - ZIP	PALM CITY FL 34910	
31 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	ROBERT VALLE	
33 STREET ADDRESS	501 S.E. BUCKINGHAME CIRCLE	
34 CITY - ST - ZIP	STUART, FL 34917	
41 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	ARTHUR F. ROSENBERG	
43 STREET ADDRESS	2251 S.E. GREENLAWN LANE	
44 CITY - ST - ZIP	PALM CITY, FL 34990	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Reginald White
PRESIDENT

Feb 13, 1996

Date

407-335-2310

Daytime Phone #

CR2E037 (12/95)