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Apr 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **720046** (2)
1. Corporation Name
TREASURE COAST CONCERT ASSOCIATION, INC.



Principal Place of Business 3065 PRUITT RD. PORT ST LUCIE FL 34952	Mailing Address 3065 PRUITT RD. PORT ST LUCIE FL 34952-5913
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3. Date Incorporated or Qualified 11/21/1983	3a. Date of Last Report 03/13/1996
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2. Principal Place of Business 21 2394 SW Foxpoint Way Suite, Apt. #, etc. 22 PALM CITY FL City & State 23 Zip 34990 Country MARTIN	2a. Mailing Address 26 2394 SW Foxpoint Way Suite, Apt. #, etc. 27 City & State 28 PALM CITY FL Zip 34990 Country MARTIN	4. FEI Number 59-1729236 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD WHITE, ROGER STREET ADDRESS 3065 PRUITT RD. CITY-ST-ZIP PT. ST. LUCIE FL	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	T NAGREITER, DONNA STREET ADDRESS 5277 SW ATLANTA AVENUE CITY-ST-ZIP PALM CITY FL	1.2 NAME	BERLIN, ERNEST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	S AUSTIN, JAMES STREET ADDRESS 3733 SW PHEASANT RUN CITY-ST-ZIP PALM CITY FL	1.3 STREET ADDRESS	2394 SW FOX POINT WAY
TITLE	D BERLIN, ERNEST STREET ADDRESS 2394 SW FOX POINT WAY CITY-ST-ZIP PALM CITY FL	1.4 CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	D VALLE, ROBERT STREET ADDRESS 5010 SE BURNING TREE CIRCLE CITY-ST-ZIP STUART FL	2.1 TITLE	VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D FOOSENER, AARON STREET ADDRESS 2552 SW GREENWICH WAY CITY-ST-ZIP PALM CITY FL	2.2 NAME	SAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
		3.1 TITLE	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		3.2 NAME	GRACE-HOUSEHOLDER
		3.3 STREET ADDRESS	1926 NE SAN CARLOS CALLE
		3.4 CITY-ST-ZIP	JENSEN BEACH, FL 34957
		4.1 TITLE	
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		5.1 TITLE	
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE	
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

14. I do 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 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 **Ernest Berlin** **March 25-97** **561-220-8400**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0070991

CR2E037 (9/96)