FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 20 PM 12:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 725621 (7)

1. Corporation Name

TREASURE COAST BOATING SAFETY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1400 SEAWAY DR FORT PIERCE FL 34949	1400 SEAWAY DR FORT PIERCE FL 34949

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/21/1973

3a. Date of Last Report: 09/27/1994

4. FEI Number: 59-2367649 ☐ Applied For ☐ Not Applicable

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

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ROSSITTO, ROBERT J 5116 MYRTLE DR. FORT PIERCE FL 34982	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	P/D	☒ Change ☐ Addition
NAME	TODD, WILLIAM J SR.	1.2 NAME	BREESE, ROBERT G.	
STREET ADDRESS	2879 N.E. HICKORY RIDGE	1.3 STREET ADDRESS	1505 SE 8TH AVE	
CITY-ST-ZIP	JENSEN BEACH FL 34957	1.4 CITY-ST-ZIP	OKEECHOBEE, FL 34974	
TITLE	VP	2.1 TITLE	V/P	☒ Change ☐ Addition
NAME	KLAMBT, WILLIAM A	2.2 NAME	ROSSITTO, ROBERT J.	
STREET ADDRESS	4845 GROVERS RD.	2.3 STREET ADDRESS	5116 MYRTLE DR.	
CITY-ST-ZIP	FT. PIERCE FL 34951	2.4 CITY-ST-ZIP	FORT PIERCE, FL 34982	
TITLE	ST	3.1 TITLE	T/D	☒ Change ☐ Addition
NAME	KLAMBT, GLADYS R	3.2 NAME	ANDREWS, DIANE L.	
STREET ADDRESS	4845 GROVERS RD.	3.3 STREET ADDRESS	114 QUEEN ANN CT	
CITY-ST-ZIP	FT PIERCE FL 34951	3.4 CITY-ST-ZIP	HUTCHINSON ISLAND, FL 34949	
TITLE	D	4.1 TITLE	S/D	☒ Change ☐ Addition
NAME	KIRCHNER, JAMES E	4.2 NAME	FLIEGEL, AUDREY	
STREET ADDRESS	211 FERNANDINA ST.	4.3 STREET ADDRESS	5200 DEER RUN DR.	
CITY-ST-ZIP	FT PIERCE FL 34949	4.4 CITY-ST-ZIP	FORT PIERCE, FL 34951	
TITLE	D	5.1 TITLE	D	☒ Change ☐ Addition
NAME	GARSNETT, ORVAL E	5.2 NAME	BREESE, DORIS	
STREET ADDRESS	3259 LEWIS ST.	5.3 STREET ADDRESS	1505 SE 8TH AVE	
CITY-ST-ZIP	FT. PIERCE FL 34981	5.4 CITY-ST-ZIP	OKEECHOBEE, FL 34974	
TITLE	D	6.1 TITLE	D	☒ Change ☐ Addition
NAME	BRUBAKER, JOHN M	6.2 NAME	TODD, WILLIAM J. SR	
STREET ADDRESS	535 S.E. EUCLID LANE	6.3 STREET ADDRESS	2879 NE HICKORY RIDGE	
CITY-ST-ZIP	PORT ST. LUCIE FL 34983	6.4 CITY-ST-ZIP	JENSEN BEACH, FL 34957	

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: Diane L. Andrews 14 April 1995 (407) 467-0066
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #

DIANE L. ANDREWS

0560783