


FILE NOW: FILING FEE IS \$61.25

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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 725621					
1. Corporation Name TREASURE COAST BOATING SAFETY ASSOCIATION, INC.					
Principal Place of Business 1400 SEAWAY DR FORT PIERCE FL 34949			Mailing Address 1400 SEAWAY DR FORT PIERCE FL 34949		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		02/21/1973	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2367649	
24 Country		29 Country		30 Country	
5. Certificate of Status Desired				<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
6. Election Campaign Financing				<input type="checkbox"/> Trust Fund Contribution	

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 HENDERSON, JERALD D. 82 Street Address (P.O. Box Number is Not Acceptable) 83 5009 BUCHANAN DR 84 City FORT PIERCE FL 85 Zip Code 34982			

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 Jerald D. Henderson **JERALD D. HENDERSON** 2-2-99 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 <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSSITTO, ROBERT J.	1.2 NAME	HENDERSON, JERALD D.
STREET ADDRESS	5116 MYRTLE DRIVE	1.3 STREET ADDRESS	5009 BUCHANAN DR
CITY-ST-ZIP	FORT PIERCE FL	1.4 CITY-ST-ZIP	FORT PIERCE, FL 34982
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BREESE, ROBERT G	2.2 NAME	CAWTHORPE, J. DALE
STREET ADDRESS	1505 SE 8TH AVE	2.3 STREET ADDRESS	4176 B GATOR TRACE, VILLAS COURT
CITY-ST-ZIP	OKEECHOBEE FL	2.4 CITY-ST-ZIP	FORT PIERCE, FL 34982
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLAMBT, WILLIAM A	3.2 NAME	HENDERSON, JANE R.
STREET ADDRESS	4845 GROVERS RD	3.3 STREET ADDRESS	5009 BUCHANAN DR
CITY-ST-ZIP	FT PIERCE FL	3.4 CITY-ST-ZIP	FORT PIERCE, FL 34982
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	BENEDICT, THERESA H <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLIEGEL, HENRY H.	4.2 NAME	7005 SALERNO RD
STREET ADDRESS	5300 DEER RUN DRIVE	4.3 STREET ADDRESS	FORT PIERCE, FL 34951
CITY-ST-ZIP	FT PIERCE FL 34951	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	MC MAHON, WILLIAM J. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACCARONE, PAUL	5.2 NAME	2496 HARBOUR COVE DR
STREET ADDRESS	702 NW ORCHID STREET	5.3 STREET ADDRESS	FORT PIERCE, FL 34949
CITY-ST-ZIP	PORT ST. LUCIE FL	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	FLIEGEL, HENRY H <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TODD, WILLIAM J. SR.	6.2 NAME	5300 DEER RUN DRIVE
STREET ADDRESS	2879 NE HICKORY RIDGE	6.3 STREET ADDRESS	FORT PIERCE, FL 34951
CITY-ST-ZIP	JENSEN BEACH FL	6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: Jerald D. Henderson **JERALD D. HENDERSON** 2/4/99 466-8591 DATE DAYTIME PHONE #

CR2E037 (1/98)