

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90031 027 ****61.25

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1. Entity 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**

34000443



MOORE CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2367649

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KLEVERS, DIANE
2200 EDWARDS RD.
FORT PIERCE FL 34982**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Diane Klevers, President

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME KLEVERS, DIANE
STREET ADDRESS 2200 EDWARDS RD.
CITY-ST-ZIP FORT PIERCE FL 34982

TITLE VPD ☐ Delete
NAME CARLTON, KINTNER
STREET ADDRESS 156 W. CARIBBEAN ST.
CITY-ST-ZIP PORT SAINT LUCIE FL 34952

TITLE TD ☐ Delete
NAME LOWRY, ALFRED J
STREET ADDRESS 6516 ZAPOTE CT
CITY-ST-ZIP FORT PIERCE FL 34951

TITLE D ☐ Delete
NAME MERCER, ROBERT
STREET ADDRESS 611 S.W. BARBUDA BAY
CITY-ST-ZIP PORT SAINT LUCIE FL 34986

TITLE D ☐ Delete
NAME ADAMS, JAMES G
STREET ADDRESS 2217 SE LEIGHGOW ST.
CITY-ST-ZIP PORT SAINT LUCIE FL 34952

TITLE SD ☐ Delete
NAME ADAMS, DOROTHY
STREET ADDRESS 2217 SE LEIGHGOW ST.
CITY-ST-ZIP PORT SAINT LUCIE FL 34952

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Change ☐ Addition
NAME EDWARD WIGGANCE
STREET ADDRESS 1300 SEAWAY DR D-10
CITY-ST-ZIP FT. PIERCE FLA. 34949

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Diane Klevers

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/10/04

772-464-6819