


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 24, 2005 8:00 am**  
**Secretary of State**

02-24-2005 90037 026 \*\*\*\*61.25

<b>DOCUMENT # 725621</b> 1. Entity Name <b>TREASURE COAST BOATING SAFETY ASSOCIATION, INC.</b>					
Principal Place of Business <b>1400 SEAWAY DR FORT PIERCE FL 34949</b>			Mailing Address <b>1400 SEAWAY DR FORT PIERCE FL 34949</b>		
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 <b>59-2367649</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent <b>KLEVERS, DIANE 2200 EDWARDS RD. FORT PIERCE FL 34982</b>	
7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 <u><i>Diane Klevers, President</i></u> DATE <u><i>2/18/05</i></u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make Check Payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KLEVERS, DIANE		NAME		
STREET ADDRESS	2200 EDWARDS RD.		STREET ADDRESS		
CITY-ST-ZIP	FORT PIERCE FL 34982		CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Deleted	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CARLTON, KINTNER		NAME	<b>DANNY DAVIS</b>	
STREET ADDRESS	156 W. CARIBBEAN ST.		STREET ADDRESS	<b>621 LAKE CHARLES CIR.</b>	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34952		CITY-ST-ZIP	<b>PT. ST. LUCIE, FL. 34986</b>	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GAUNCE, EDWARD W		NAME		
STREET ADDRESS	1300 SEAWAY DR. D-10		STREET ADDRESS		
CITY-ST-ZIP	FORT PIERCE FL 34949		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Deleted	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MERCER, ROBERT		NAME	<b>WILLIAM Mc MATTON</b>	
STREET ADDRESS	611 S.W. BARBUDA BAY		STREET ADDRESS	<b>3219B LAKE VIEW CIR. S</b>	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34986		CITY-ST-ZIP	<b>No. HUTCHINSON ISL. FL. 34949</b>	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ADAMS, JAMES G		NAME		
STREET ADDRESS	2217 SE LEIGHGOW ST.		STREET ADDRESS		
CITY-ST-ZIP	PORT SAINT LUCIE FL 34952		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ADAMS, DOROTHY		NAME		
STREET ADDRESS	2217 SE LEIGHGOW ST.		STREET ADDRESS		
CITY-ST-ZIP	PORT SAINT LUCIE FL 34952		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: <u><i>Diane Klevers</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u><i>2/18/05</i></u> 772-444-6819 <small>Daytime Phone #</small>		



1st MOORE CR2E037 (10/04)