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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # 744315 (3)

1. Corporation Name
TREASURE COAST BONSAI SOCIETY INC.

Principal Place of Business	Mailing Address
513 TURTLE CIRCLE SATELLITE BEACH FL 32937 US	513 TURTLE CIRCLE SATELLITE BEACH FL 32937 US

3. Date Incorporated or Qualified: 09/19/1978

4. FEI Number: 59-2335697 ☐ Applied For ☐ Not Applicable

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 ROBERT PINDER	26 ROBERT PINDER
22 Suite, Apt. #, etc. 4016 SW MOORE ST.	27 Suite, Apt. #, etc. 4016 SW MOORE ST.
23 City & State PALM CITY, FL	28 City & State PALM CITY, FL
24 Zip 34990 25 Country US	29 Zip 34990 30 Country US

9. Name and Address of Current Registered Agent

VAN LANDINGHAM, JIM
513 TURTLE CIRCLE
SATELLITE BEACH FL 32937

10. Name and Address of New Registered Agent

81 Name: ROBERT PINDER
82 Street Address (P.O. Box Number Is Not Acceptable): 4016 SW MOORE ST.
83: /
84 City: PALM CITY FL 85 Zip Code: 34990

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: Robert A. Pinder — 3-10-98
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	TD	☒ DELETE	1.1 TITLE	TD	☐ Change ☒ Addition
NAME	BRETT, CHRISTINA		1.2 NAME	CARPENTIER, ED	
STREET ADDRESS	901 LAREDO LANE		1.3 STREET ADDRESS	12173 RIVERBEND RD.	
CITY-ST-ZIP	SEBASTIAN FL		1.4 CITY-ST-ZIP	PORT ST. LUCIE, FL	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CARPENTIER, CHERYL		2.2 NAME		
STREET ADDRESS	12173 RIVERBEND RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	PORT ST. LUCIE FL		2. 4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HAYES, SHEILA		3.2 NAME		
STREET ADDRESS	5208 SUSON LANE		3.3 STREET ADDRESS		
CITY-ST-ZIP	FT PIERCE FL		3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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.

SIGNATURE: Robert A. Pinder — 3-10-98