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

Apr 15, 2005 08:00 AM Secretary of State DOCUMENT # 744315 1. Entity Name TREASURE COAST BONSAI SOCIETY INC. Principal Place of Business Mailing Address RICHARD H. TURNER 1755 74TH AVENUE VERO BEACH FL 32966 RICHARD H. TURNER P O BOX 1827 VERO BEACH FL 32961-1827 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E037 (10/04) City & State City & State 4. FEI Number Applied For 59-2335697 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TURNER, RICHARD H Street Address (P.O. Box Number is Not Acceptable) 1755 74TH AVENUE VERO BEACH FL 32966 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 Signature, typed or printed name of registered agent and little if applicable DATE (NOTE Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campalgn Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution Due By May 1, 2005 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11 THILE Change Addition TITLE Delete TURNER, RICHARD H NAME Unnoo0307657 1755 74TH AVE STREET ADDRESS STREET ADDRESS 04/15/05-80064-001 61.25 VERO BEACH FL 32966 CLTY ST-ZIP CITY-ST-ZIP ☐ Change Addition THEF ☐ Delele TITLE PINDER, ROBERT S NAME NAME 4016 S.W. MOORE ST STREET ADDRESS STREET APORESS PALM CITY FL 34990 CITY-ST-ZIP CITY-ST-70F ☐ Change ☐ Addition Title ☐ Delete POCLITSCIT, BARBARA R 5622 SE LAMA DR STREET ADDRESS STREET ADDRESS STUART FL 34997 CITY - ST - ZIP C17Y-S1-7tP TITLE ☐ Delete 7111.5 Change | Addition MALIN, ERNEST NAME 905 HERON AVE STREET ADDRESS STREET ADDRESS FORT PIERCE FL 34982 CITY-SI-ZIP CHTY-ST-ZIP Change Addition MULE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP Addition MLE ☐ Delete HILLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

Kichard

lichard H. Junes

FILED