FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 15 PM 3:22

DOCUMENT # 747635 (1)

1. Corporation Name
TREASURE COAST SENIOR SERVICES, INC.

Principal Place of Business	Mailing Address
601 AVENUE B FT. PIERCE FL 34950	601 AVENUE B FT. PIERCE FL 34950

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/14/1979
3a. Date of Last Report: 02/01/1994
4. FEI Number: 59-1927854 ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

JEFSON, LEE
601 AVENUE B
FT. PIERCE FL 34950

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ 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	VD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	STEWART, GERALD	1.2 NAME	STEWART, GERALD	
STREET ADDRESS	500 S 4 STREET	1.3 STREET ADDRESS	500 S 4 STREET	
CITY-ST-ZIP	FT. PIERCE FL	1.4 CITY-ST-ZIP	FT. PIERCE, FL 34950	
TITLE	PD	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	HEUMANN, HARLAND K.	2.2 NAME	HARDWICK, CHARLES	
STREET ADDRESS	1201 BAYSHORE DR #202	2.3 STREET ADDRESS	3125 2nd STREET	
CITY-ST-ZIP	FT. PIERCE FL	2.4 CITY-ST-ZIP	VERO BEACH, FL 34968	
TITLE	STD	3.1 TITLE	STD	☒ Change ☐ Addition
NAME	FINK, MARGUERITE	3.2 NAME	CELLI, JOSEPH	
STREET ADDRESS	3278 S. ASTER LANE #F255	3.3 STREET ADDRESS	920 N E TOWN TERRACE	
CITY-ST-ZIP	STUART FL	3.4 CITY-ST-ZIP	JENSEN BEACH, FL 34957	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: LEE JEFSON, EXEC. DIRECTOR *Lee Jefson* JANUARY 30, 1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0020733