

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90010 042 ****70.00

DOCUMENT # N00000001672

1. Entity Name
TREASURE COAST CHRISTIAN ACADEMY INC.



Principal Place of Business
**590 NW PEACOCK BLVD. SUITE 5
PORT ST LUCIE, FL 34986 US**

Mailing Address
**590 NW PEACOCK BLVD. SUITE 5
PORT ST LUCIE, FL 34986**

01202004 Chg-NP CR2E037 (10/03)



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
65-1018065

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NETWIG, CYNTHIA
1957 SW LENNOX STREET
PORT ST LUCIE, FL 34953**

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

Cynthia Netwig **Cynthia Netwig**

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

(NOTE: Registered Agent signature required when reinstating)

3/23/04

DATE

**Filing 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
NAME **NETWIG, WILLIAM F**
STREET ADDRESS **1957 SW LENNOX ST.**
CITY-ST-ZIP **PORT ST LUCIE, FL 34953**

TITLE **D** ☐ Change ☒ Addition
NAME **Kate O'Conner**
STREET ADDRESS **3145 SE Shelter Dr.**
CITY-ST-ZIP **PSL FL 34952**

TITLE **T** ☐ Delete
NAME **NETWIG, CYNTHIA J**
STREET ADDRESS **1957 S W LENNOX ST**
CITY-ST-ZIP **PORT ST LUCIE, FL 34953**

TITLE **S** ☐ Change ☒ Addition
NAME **Gail Barkley**
STREET ADDRESS **5922 N W Bendla St.**
CITY-ST-ZIP **Port St. Lucie, FL 34986**

TITLE **D** ☐ Delete
NAME **WATSON, FRANK MR.**
STREET ADDRESS **1600 NE DIXIE HWY.**
CITY-ST-ZIP **JENSEN BEACH, FL 34957**

TITLE **D** ☐ Change ☒ Addition
NAME **Manny Fernandez**
STREET ADDRESS **3050 SE Dalhart Rd.**
CITY-ST-ZIP **Port St. Lucie, FL 34952**

TITLE **D** ☐ Delete
NAME **TELLEX, PETER A**
STREET ADDRESS **907 N ATLANTIC DR**
CITY-ST-ZIP **LANTANA, FL 33462**

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

TITLE **VD** ☐ Delete
NAME **LOCKE, SUZANNE**
STREET ADDRESS **2151 FIRESIDE RD.**
CITY-ST-ZIP **DELTONA, FL 32738**

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

TITLE **D** ☐ Delete
NAME **TELLEX, MARGE K MRS.**
STREET ADDRESS **907 N. ATLANTIC DR.**
CITY-ST-ZIP **LANTANA, FL 33462**

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: *Cynthia Netwig* **Cynthia J. Netwig** **3/20/04** **772-343-8088**

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone #