2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2012
Secretary of State

DOCUMENT# N00000001672

Entity Name: TREASURE COAST CHRISTIAN ACADEMY INC.

Current Principal Place of Business:

590 NW PEACOCK BLVD.
SUITE #4
PORT ST LUCIE, FL 34986 US

New Principal Place of Business:

Current Mailing Address:

590 NW PEACOCK BLVD.
SUITE #4
PORT ST LUCIE, FL 34986 US

New Mailing Address:

FEI Number: 65-1018065 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

NETWIG, CYNTHIA
6445 NW FAYE ST.
PORT ST LUCIE, FL 34986 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P
Name: NETWIG, WILLIAM F
Address: 6445 NW FAYE ST.
City-St-Zip: PORT ST LUCIE, FL 34986

Title: S
Name: TELLEX, MARGE K
Address: 2357 SW DEEPWOOD PASS
City-St-Zip: PALM CITY, FL 34990

Title: T
Name: NETWIG, CYNTHIA J
Address: 6445 NW FAYE ST.
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: D
Name: TELLEX, PETER A
Address: 2357 SW DEEPWOOD PASS
City-St-Zip: PALM CITY, FL 34990

Title: VP
Name: SHACKELFORD, JAMES PASTOR
Address: 2043 7TH COURT SOUTH
City-St-Zip: LAKE WORTH, FL 33461

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CYNTHIA NETWIG T 02/09/2012

Electronic Signature of Signing Officer or Director Date