


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 08:00 AM
Secretary of State

DOCUMENT # N00000003764	
1. Entity Name TREASURE COAST ASSOCIATION OF WOMEN LAWYERS, INC.	

Principal Place of Business 8000 S FEDERAL HWY STE 300 PT. ST. LUCIE, FL 34952	Mailing Address PO BOX 2904 STUART, FL 34995-2904
---	---

DO NOT WRITE IN THIS SPACE



02282004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-1018615	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

BALDWIN, PATRICIA A ESQ.
8000 S FEDERAL HWY
STE 300
PT. ST. LUCIE, FL 34952

DO NOT WRITE
IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000089309 03/15/04-80086-024 61.25
---	---	---

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BALDWIN, PATRICIA A 8000 S FEDERAL HWY STE 300 PT. ST. LUCIE, FL 34952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LANCY, OLIVEANN P.O. BOX 623 STUART, FL 349950623
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCOTT, PORTIA 921 SE CENTRAL PKWY STUART, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

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 another like empowered.

SIGNATURE: Patricia A. Baldwin 2/28/04 772-336-1661
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #