2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0000003786

FILED Apr 16, 2004 Secretary of State

Entity Name: TREASURE COAST CHILDREN AND FAMILY SERVICES INC.

Current Principal Place of Business: New Principal Place of Business:

2501 31ST AVE, SUITE A2-1 2501 27TH AVE, SUITE A-2 VERO BEACH, FL 32960 VERO BEACH, FL 32960

Current Mailing Address: New Mailing Address:

2501 31ST AVE, SUITE A2-1 2501 27TH AVE, SUITE A-2 VERO BEACH, FL 32960 US

FEI Number: 65-1021429 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WAITE, GERRY L GALASKA, FRANK
2836 ATLANTIC BLVD 99 WEST CARIBBEAN
VERO BEACH, FL 32960 US PORT ST. LUCIE, FL 34952 US

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: FRANK ?GALASKA 04/16/2004

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition

 Name:
 TINSLEY, JUEINE
 Name:
 TINSLEY, JULIE

 Address:
 1555 2ND AVE
 Address:
 1555 3RD AVE

City-St-Zip: VERO BEACH, FL 32960 City-St-Zip: VERO BEACH, FL 32960

Title: ST () Delete Title: () Change () Addition

 Name:
 GALASKA, FRANK
 Name:

 Address:
 99 WEST CARRIBEAN
 Address:

 City-St-Zip:
 PORT ST LUCIE, FL
 City-St-Zip:

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf D} \qquad {\sf (X) Change () Addition}$

Name:DONGHIA, RENATEName:GUARINE, JOSEPHAddress:6605 OCALA AVENUEAddress:7345 33RD AVE

City-St-Zip: FORT PIERCE, FL 34951 City-St-Zip: VERO BEACH, FL 32967 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: JOSEPH GUARINE OFFI 04/16/2004