


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2005 8:00 am
Secretary of State

03-31-2005 90035 049 ****61.25

DOCUMENT # N00000003786	
1. Entity Name	
TREASURE COAST CHILDREN AND FAMILY SERVICES INC.	

Principal Place of Business	Mailing Address
2501 27TH AVE, SUITE A-2 VERO BEACH FL 32960	2501 27TH AVE, SUITE A-2 VERO BEACH FL 32960 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

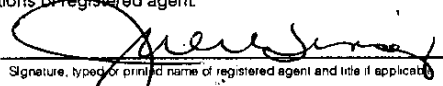
4. FEI Number	Applied For
65-1021429	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
GALASKA, FRANK 99 WEST CARIBBEAN PORT ST. LUCIE FL 34952

7. Name and Address of New Registered Agent
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  DATE 3/24/05
(NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By: May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	ST <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TINSLEY, JULIE	NAME	Theresa Campbell
STREET ADDRESS	1555 3RD AVE	STREET ADDRESS	735 18th Place S.W.
CITY-ST-ZIP	VERO BEACH FL 32960	CITY-ST-ZIP	VERO BEACH, FL 32962
TITLE	ST <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALASKA, FRANK	NAME	
STREET ADDRESS	99 WEST CARRIBEAN	STREET ADDRESS	
CITY-ST-ZIP	PORT ST LUCIE FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUARINE, JOSEPH	NAME	
STREET ADDRESS	7345 33RD AVE	STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL 32967	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:  DATE 3/24/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #