

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004640

FILED
Mar 09, 2007
Secretary of State

Entity Name: TREASURE COAST HOMELESS SERVICES COUNCIL, INC.

Current Principal Place of Business:

2525 ST LUCIE AVENUE
VERO BEACH, FL 32960

New Principal Place of Business:

Current Mailing Address:

2525 ST LUCIE AVENUE
VERO BEACH, FL 32960

New Mailing Address:

FEI Number: 52-2254571

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUBBARD, LOUISE S
2525 ST. LUCIE AVE.
VERO BEACH, FL 32960 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: C () Delete
Name: STARK, RICHARD A
Address: 340 PALMETTO PT.
City-St-Zip: VERO BEACH, FL 32963 US

Title: D () Delete
Name: ROMANO, JOHN
Address: 4500 W. MIDWAY ROAD
City-St-Zip: FORT PIERCE, FL 34981

Title: P () Delete
Name: JOHNSTON-CARLSON, JOYCE
Address: 485 NIEUPORT DR.
City-St-Zip: VERO BEACH, FL 32968

Title: T () Delete
Name: BAUCHMAN, BOB
Address: 460 SANDFLY LANE
City-St-Zip: VERO BEACH, FL 32963

Title: S () Delete
Name: COCOVES, ANITA
Address: 472 S.E. EDGEWOOD DRIVE
City-St-Zip: STUART, FL 34996

Title: V () Delete
Name: HUBBARD, LOUISE
Address: 2525 ST. LUCIE AVENUE
City-St-Zip: VERO BEACH, FL 32960

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: LOUISE HUBBARD

V

03/09/2007

Electronic Signature of Signing Officer or Director

Date