

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2008 08:00 AM
Secretary of State

DOCUMENT # N00000004640

1. Entity Name
TREASURE COAST HOMELESS SERVICES COUNCIL,
INC.



Principal Place of Business
2525 ST LUCIE AVENUE
VERO BEACH, FL 32960

Mailing Address
2525 ST LUCIE AVENUE
VERO BEACH, FL 32960



02112008 No Chg-NP

CR2E037 (4/06)

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4. FEI Number

52-2254571

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HUBBARD, LOUISE S
2525 ST. LUCIE AVE.
VERO BEACH, FL 32960

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	STARK, RICHARD A
STREET ADDRESS	340 PALMETTO PT.
CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	D
NAME	ROMANO, JOHN
STREET ADDRESS	4500 W. MIDWAY ROAD
CITY-ST-ZIP	FORT PIERCE, FL 34981
TITLE	P
NAME	JOHNSTON-CARLSON, JOYCE
STREET ADDRESS	485 NIEUPORT DR.
CITY-ST-ZIP	VERO BEACH, FL 32968
TITLE	T
NAME	BAUCHMAN, BOB
STREET ADDRESS	460 SANDFLY LANE
CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	S
NAME	COCOVES, ANITA
STREET ADDRESS	472 S.E. EDGEWOOD DRIVE
CITY-ST-ZIP	STUART, FL 34996
TITLE	V
NAME	HUBBARD, LOUISE
STREET ADDRESS	2525 ST. LUCIE AVENUE
CITY-ST-ZIP	VERO BEACH, FL 32960

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02/21/08-80080-007 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02/11/08