# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 28, 2011**
**Secretary of State**

DOCUMENT# N00000004640

**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 (X)**

**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
Name: STARK, RICHARD A
Address: 340 PALMETTO PT.
City-St-Zip: VERO BEACH, FL 32963 US

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

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

Title: T
Name: FEDDER, SHAUN
Address: 755 BEACHLAND BOULEVARD
City-St-Zip: VERO BEACH, FL 32963

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

I hereby 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 all other like empowered.

SIGNATURE: LOUISE HUBBARD V 02/28/2011
Electronic Signature of Signing Officer or Director Date