2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2003
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 ( )**

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:	P	( ) Delete
Name:	BLOCK, JACELYN	
Address:	1277 W. ISLAND CLUB SQUARE	
City-St-Zip:	VERO BEACH, FL 32963	
Title:	V	( ) Delete
Name:	JOHNSTON-CARLSON, JOYCE	
Address:	1840 25TH ST.	
City-St-Zip:	VERO BEACH, FL 32960	
Title:	D	( ) Delete
Name:	BAUCHMAN, BOB	
Address:	460 SANDFLY LANE	
City-St-Zip:	VERO BEACH, FL 32963	
Title:	D	( ) Delete
Name:	MACHT, KENNETH	
Address:	3249 16TH ST	
City-St-Zip:	VERO BEACH, FL 32960	
Title:	D	( ) Delete
Name:	BYKOFSKY, SUSAN	
Address:	1903 S. 25TH ST. SUITE 103	
City-St-Zip:	FT. PIERCE, FL 34957 US	

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 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: SUSAN BYKOFSKY D 03/11/2003
Electronic Signature of Signing Officer or Director — Date