

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005909

FILED
Apr 28, 2006
Secretary of State

Entity Name: THE TREASURE COAST HUMAN RESOURCE ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 2731
VERO BEACH, FL 32961

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2731
VERO BEACH, FL 32961

New Mailing Address:

FEI Number: 65-0410606

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RHODEWALT, LYNNE
3725 20TH STREET
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: DVP () Delete
Name: WICKENS, SHANNAH
Address: 3725 ZOTA ST
City-St-Zip: VERO BEACH, FL 32962

Title: DT () Delete
Name: DAVIS, VAUNETTE
Address: 1225 MAIN STREET
City-St-Zip: SEBASTIAN, FL 32958

Title: DV () Delete
Name: MATHESON, MICHELLE
Address: 925 74TH AVE
City-St-Zip: VERO BEACH, FL 32968

Title: DP () Delete
Name: RHODEWALT, LYNNE
Address: 3725 20TH STREET
City-St-Zip: VERO BEACH, FL 32960

Title: DS () Delete
Name: PHILLIPS, JOAN
Address: 1801 US 11
City-St-Zip: VERO BEACH, FL 32960

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPE (X) Change () Addition
Name: ZERAN, JENNY
Address: P.O. BOX 690759
City-St-Zip: VERO BEACH, FL 32969

Title: DT (X) Change () Addition
Name: PORCHE, DEBRA
Address: 437 SEASIDE TERRACE
City-St-Zip: SEBASTIAN, FL 32958

Title: DVP (X) Change () Addition
Name: PHILLIPS, JOAN
Address: P.O. BOX 1268
City-St-Zip: VERO BEACH, FL 32961

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

Title: DS (X) Change () Addition
Name: CUNNINGHAM, NANCY
Address: 3873 39TH SQUARE
City-St-Zip: VERO BEACH, FL 32960

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: DEBRA PORCHE

DT

04/28/2006

Electronic Signature of Signing Officer or Director

_____ Date