

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90086 043 ****61.25

DOCUMENT # N00000006208

1. Entity Name
TREASURE COAST COORDINATION COALITION, INC.



Principal Place of Business
**9350 S. US #1
PORT ST. LUCIE, FL 34952**

Mailing Address
**9350 S. US #1
PORT ST. LUCIE, FL 34952**

50021658



02112005 Chg-NP CR2E037 (10/03)

4. FEI Number **65-1050571** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**THOMPSON, GWENDA
9350 S. US #1
PORT ST. LUCIE, FL 34952**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 *Gwendolyn Thompson* (**GWENDA THOMPSON**) 2/18/05
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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **BIRD, DANIEL F**
STREET ADDRESS **1701 GULFSTREAM AVENUE 717**
CITY-ST-ZIP **HUTCHINSON ISLAND, FL 34949**

TITLE **VP** ☐ Change ☒ Addition
NAME **TRISTE BROOKS**
STREET ADDRESS **706 SW LIGHTHOUSE DRIVE**
CITY-ST-ZIP **PALM CITY, FL 34990**

TITLE **D** ☐ Delete
NAME **BUZA, SUSAN**
STREET ADDRESS **214 EAST LAKEWOOD ROAD**
CITY-ST-ZIP **WEST PALM BEACH, FL 33405**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☐ Delete
NAME **WHITTLES, ELIZABETH**
STREET ADDRESS **3774 SW SUNSET TRACE CIRCLE**
CITY-ST-ZIP **PALM CITY, FL 34990**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **ITORO, DORI**
STREET ADDRESS **1438 SW CANE CREEK CIR 1758**
CITY-ST-ZIP **PALM CITY, FL 34990**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **BELOWCH, CAREN**
STREET ADDRESS **2129 NE RUSTIC WAY**
CITY-ST-ZIP **JENSEN BEACH, FL 34957**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **BOYLE, SEAN**
STREET ADDRESS **2597 PERUGIA STREET**
CITY-ST-ZIP **PORT SAINT LUCIE, FL 34952**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Caren Belowch* **Caren Belowch** 2/18/05 772-335-3030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone