

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006208

FILED
Jan 14, 2008
Secretary of State

Entity Name: TREASURE COAST COORDINATION COALITION, INC.

Current Principal Place of Business:

584 NW UNIVERSITY BLVD
SUITE 100
PORT ST. LUCIE, FL 34986

New Principal Place of Business:

Current Mailing Address:

584 NW UNIVERSITY BLVD
SUITE 100
PORT ST. LUCIE, FL 34986

New Mailing Address:

FEI Number: 65-1050571

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

THOMPSON, GWENDA
584 NW UNIVERSITY BLVD
SUITE 100
PORT ST. LUCIE, FL 34986 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: D () Delete
Name: BIRD, DANIEL F DIRECTO
Address: 1224 RIVER REACH DRIVE
City-St-Zip: VERO BEACH, FL 32967

Title: VP () Delete
Name: BROOKS, TRISTE VICE PR
Address: 2300 NORTH FLORIDA MANGO ROAD
City-St-Zip: WEST PALM BEACH, FL 33409

Title: P () Delete
Name: WHITTLES, ELIZABETH PRESIDE
Address: 3774 SW SUNSET TRACE CIRCLE
City-St-Zip: PALM CITY, FL 34990

Title: T () Delete
Name: DITORO, DORI TREASUR
Address: 1758 SW CRANE CREEK CIRCLE
City-St-Zip: PALM CITY, FL 34990

Title: S (X) Delete
Name: BELOWCH, CAREN SECRETA
Address: 2129 NE RUSTIC WAY
City-St-Zip: JENSEN BEACH, FL 34957

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WHITTLES, ELIZABETH PRESIDE
Address: 3774 SW SUNSET TRACE CIRCLE
City-St-Zip: PALM CITY, FL 34990

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

Title: T (X) Change () Addition
Name: DITORO, DORI TREASUR
Address: 1758 SW CRANE CREEK CIRCLE
City-St-Zip: PALM CITY, FL 34990

Title: S (X) Change () Addition
Name: BELOWCH, CAREN SECRETA
Address: 2129 NE RUSTIC WAY
City-St-Zip: JENSEN BEACH, FL 34957

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

I hereby certify that the information supplied with this filing does not qualify 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: DORI DITORO

T

01/14/2008

Electronic Signature of Signing Officer or Director

Date