


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2005 8:00 am
Secretary of State

07-19-2005 90038 007 ****70.25

DOCUMENT # N01000000335 1. Entity Name CHILDREN'S MUSEUM OF THE TREASURE COAST, INC.					
Principal Place of Business 701 COLORADO AVENUE STUART, FL 34994			Mailing Address 701 COLORADO AVENUE STUART, FL 34994		
2. Principal Place of Business 300 Colorado Ave.		3. Mailing Address P.O. Box 2147			
Suite, Apt. #, etc. Suite 210		Suite, Apt. #, etc. 			
City & State Stuart, FL		City & State Stuart, FLORIDA			
Zip 34994		Country USA		Zip 34995	
Country USA		4. FEI Number 65-1091607			
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SPRAKER, MIKEL 701 COLORADO AVENUE STUART, FL 34994			7. Name and Address of New Registered Agent Name Ashley Vitale Street Address (P.O. Box Number is Not Acceptable) 13 Knowles Road City Sewalls Point FL Zip Code 34996		
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 <u><i>Ashley Vitale</i></u> DATE <u>7/12/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)</small>					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution, <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	VPD JOHNSON, KAREN PO BOX 2147 STUART, FL 34995	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Ashley E. Vitale 13 Knowles Road Sewalls Point, FL 34996
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARON, RICHARD PO BOX 2147 STUART, FL 34995	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Richard Baron 25 Fieldway Drive Sewalls Point, FL 34996
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SPRAKER, MIKEL 701 COLORADO AVENUE STUART, FL 34994	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	STP Julia Mathes 230 SE Coconut Avenue Stuart, FL 34996
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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: <u><i>Ashley Vitale</i></u> Ashley Vitale <u>7/12/05</u> <u>772/223.4553</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					