

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000335

FILED
Apr 27, 2009
Secretary of State

Entity Name: CHILDREN'S MUSEUM OF THE TREASURE COAST, INC.

Current Principal Place of Business:

1707 NE INDIAN RIVER DRIVE
JENSEN BEACH, FL 34957

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2147
STUART, FL 34995

New Mailing Address:

FEI Number: 65-1091607

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VITALE, ASHLEY
13 KNOWLES ROAD
STUART, FL 34996 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: VPD () Delete
Name: VITALE, ASHELY E
Address: 13 KNOWLES ROAD
City-St-Zip: STUART, FL 34996

Title: PD () Delete
Name: BARON, RICHARD
Address: 25 FIELDWAY DRIVE
City-St-Zip: STUART, FL 34996

Title: SD () Delete
Name: MATHES, JULIA
Address: 230 SE COCONUT AVE
City-St-Zip: STUART, FL 34996

Title: TD () Delete
Name: MOEHRING, MICHAEL
Address: P.O. BOX 427
City-St-Zip: PALM CITY, FL 34991

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: VITALE, ASHELY E
Address: 13 KNOWLES ROAD
City-St-Zip: STUART, FL 34996

Title: VPD (X) Change () Addition
Name: CALABRIA, TAMMY
Address: P.O. BOX 2147
City-St-Zip: STUART, FL 34995

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 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: MICHAEL W MOEHRING

TD

04/27/2009

Electronic Signature of Signing Officer or Director

Date