

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90038 016 ****61.25

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1. Entity Name

INTEGRITY MINISTRIES OF THE TREASURE COAST,
INC.



Principal Place of Business

33A ATANTIC OAKS CIR.
ST AUGUSTINE FL 32080
US

Mailing Address

33A ATANTIC OAKS CIR.
ST AUGUSTINE FL 32080
US

2. Principal Place of Business - No P.O. Box #

SAME

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

94-3398678

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BAILEY, DAVID
1555 NE BEACON DRIVE
UNIT 1006
JENSEN BCH FL 34957

7. Name and Address of New Registered Agent

Name

SAME

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

33 A ATLANTIC OAKS CIRCLE

City

St. Augustine

FL

Zip Code

32080

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

David Bailey

Signature (Typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature must be red when resigning)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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

TITLE P
NAME BAILEY, DAVID ☐ Delete
STREET ADDRESS 1555 NE BEACON DR UNIT 1006
CITY-ST-ZIP JENSEN BEACH FL 34957

TITLE V
NAME WILSON, JIM ☒ Delete
STREET ADDRESS 2872 SE DURANT AVE
CITY-ST-ZIP STUART FL 34997

TITLE S
NAME TOWNSHEND, DWAYNE ☐ Delete
STREET ADDRESS 1825 SE CAMILLO ST
CITY-ST-ZIP PORT ST LUCIE FL 34952

TITLE T
NAME GODLESKI, FRANK ☐ Delete
STREET ADDRESS 33 A ATLANTIC OAKS CIRCLE
CITY-ST-ZIP ST AUGUSTINE FL 32080

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☒ Addition
NAME *BONNIE BAILEY*
STREET ADDRESS *33 A. ATLANTIC OAKS CIRCLE*
CITY-ST-ZIP *St. Augustine FL 32080*

TITLE ☐ Change ☒ Addition
NAME *JANET TOWNSHEND*
STREET ADDRESS *1825 SE CAMILLO ST.*
CITY-ST-ZIP *PORT ST. LUCIE FL 34952*

TITLE ☒ Change ☐ Addition
NAME *DAVID BAILEY*
STREET ADDRESS *33 A. ATLANTIC OAKS CIRCLE*
CITY-ST-ZIP *St. Augustine FL 32080*

TITLE ☒ Change ☐ Addition
NAME *FRANK GODLESKI*
STREET ADDRESS *33 A. ATLANTIC OAKS CIRCLE*
CITY-ST-ZIP *St. Augustine FL 32080*

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

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 exemptions contained in Section 119, 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:

David Bailey

3-12-08

772-260-8238