

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 19, 2005
Secretary of State**

DOCUMENT# N01000008264

Entity Name: TREASURE COAST VENTURE CAPITAL FORUM, INC.

Current Principal Place of Business:

215 S. FEDERAL HWY
SUITE 100
STUART, FL 34994

New Principal Place of Business:

Current Mailing Address:

215 S. FEDERAL HWY
SUITE 100
STUART, FL 34994

New Mailing Address:

FEI Number: 65-1154399 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRECHBILL, MARK CPA
215 S FEDERAL HIGHWAY
SUITE 100
STUART, FL 34994 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: BATES, DAVID G
Address: 9158 CHIANTI COURT
City-St-Zip: BOYNTON BEACH, FL 33437

Title: D () Delete
Name: MELBY, CRAIG
Address: 3047 SW CEDAR TRAIL
City-St-Zip: PALM CITY, FL 34990

Title: D () Delete
Name: LUKE, ANN
Address: 3741 NE SUGARHILL AVENUE
City-St-Zip: JENSEN BEACH, FL 34957

Title: TD () Delete
Name: BRECHBILL, MARK
Address: 215 S. FEDERAL HWY, SUITE 100
City-St-Zip: STUART, FL 34994

Title: PD () Delete
Name: KRISS, FRED C
Address: 4521 PGA BLVD
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: D () Delete
Name: BARO, ANTHONY
Address: 621 NW 53RD STREET
City-St-Zip: BOCA RATON, FL 33487

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 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 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: MARK BRECHBILL

TD

04/19/2005

Electronic Signature of Signing Officer or Director

Date