

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 14, 2004 08:00 AM
Secretary of State**

DOCUMENT # N02000003127

**1. Entity Name
TREASURE COAST CAT CLUB, INC.**



Principal Place of Business

**KAREN KUEHNE
2085 54TH AVE
VERO BEACH, FL 32966**

Mailing Address

**KAREN KUEHNE
2085 54TH AVE
VERO BEACH, FL 32966**



02072004 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3116037

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KAREN, KUEHNE
2085 54TH AVE
VERO BCH, FL 32966**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

**9. Election Campaign Financing
Trust Fund Contribution.**



**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

**TITLE PD
NAME SINBINE, BARBARA
STREET ADDRESS 17275 HAMMOCK LANE
CITY-ST-ZIP FORT PIERCE, FL 34987**

**TITLE VPD
NAME JOHNSON, MARICAVA
STREET ADDRESS 754 ALTURA ST
CITY-ST-ZIP PORT SAINT LUCIE, FL 34952**

**TITLE S
NAME WILSON, KELLI
STREET ADDRESS 5145 SE CHANNEL DR
CITY-ST-ZIP STUART, FL 34997**

**TITLE T
NAME KUEHNE, KAREN
STREET ADDRESS 2085 54 AVE
CITY-ST-ZIP VERO BCH, FL 32966**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

U000000051269
02/16/04-80045-004 61.25

**DO NOT WRITE
IN THIS SPACE**

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 lines empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/04

Date

772-562-4191

Daytime Phone #