

**2005 NON-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2005 08:00 A
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



04202005 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 \$81.25
Due by May 1, 2005**

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

UN000003302008
04/25/05-80171-015 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 like empowered

SIGNATURE: _____

Karen K. Kuehne
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/05
Date

772-562-4191
Daytime Phone #