

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003127

FILED  
Jan 27, 2009  
Secretary of State

Entity Name: TREASURE COAST CAT CLUB, INC.

## Current Principal Place of Business:

BARBARA SINBINE  
17275 HAMMOCK LANE  
FORT PIERCE, FL 34987 US

## New Principal Place of Business:

## Current Mailing Address:

BARBARA SINBINE  
17275 HAMMOCK LANE  
FORT PIERCE, FL 34987 US

## New Mailing Address:

FEI Number: 59-3116037      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

BARBARA, SINBINE  
17275 HAMMOCK LANE  
FORT PIERCE, FL 34987 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: PD ( ) Delete  
Name: DICKINSON, CAROL  
Address: 1251 SW 67TH TERRACE  
City-St-Zip: PLANTATION, FL 33317

Title: VPD ( ) Delete  
Name: BELFATTO, DIANA  
Address: 505 SECOND AVENUE  
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: S ( ) Delete  
Name: SINBINE, BARBARA  
Address: 17275 HAMMOCK LANE  
City-St-Zip: FT. PIERCE, FL 34987

Title: T ( ) Delete  
Name: KUEHNE, KAREN  
Address: 2085 54TH AVENUE  
City-St-Zip: VERO BEACH, FL 32966

## 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  
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: KAREN L. KUEHNE

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01/27/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date