

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005776

FILED
Apr 01, 2005
Secretary of State

Entity Name: TREASURE COAST UNITED, INC.

Current Principal Place of Business:

PO BOX 1283
PALM CITY, FL 34990

New Principal Place of Business:

Current Mailing Address:

PO BOX 1283
PALM CITY, FL 34990

New Mailing Address:

FEI Number: 75-3076535

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLLOWELL, EDWARD W
3415 SW CANOE PLACE
PALM CITY, FL 34990 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: T () Delete
Name: FLEMING, JOHN
Address: 2597 SW HIDDEN POND WAY
City-St-Zip: PALM CITY, FL 34990 US

Title: D (X) Delete
Name: WALL, TOM
Address: 4842 SW GOLFSIDE DRIVE
City-St-Zip: PALM CITY, FL 34990 US

Title: D () Delete
Name: HOLLOWELL, EDWARD W
Address: 3415 SW CANOE PLACE
City-St-Zip: PALM CITY, FL 34990 US

Title: DS () Delete
Name: SCOTT, ALLEN
Address: 642 KEATS AVE
City-St-Zip: PALM CITY, FL 34990 US

Title: DP () Delete
Name: HOUSTEN, MIKE
Address: 145 ELM TERRACE
City-St-Zip: JENSEN BEACH, FL 34957 US

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:

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: ALLEN SCOTT

D

04/01/2005

Electronic Signature of Signing Officer or Director

Date