

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005776

FILED
Feb 16, 2008
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:

550 SE ST LUCIE BLVD
STUART, FL 34996

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:

SCOTT, ALLEN
642 SW KEATS AVE
PALM CITY, FL 34990 US

Name and Address of New Registered Agent:

MEINHOLD, MICHELLE
550 SE ST LUCIE BLVD
STUART, FL 34996 US

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: MICHELLE MEINHOLD

02/16/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: BAYLISS, LLOYD
Address: P O BOX 1283
City-St-Zip: PALM CITY, FL 34990 US

Title: P () Delete
Name: BROWN, ALISTAIR
Address: P O BOX 1283
City-St-Zip: PALM CITY, FL 34990 US

Title: VP () Delete
Name: STEWART, CARL
Address: P O BOX 1283
City-St-Zip: PALM CITY, FL 34990 US

Title: S () Delete
Name: IANDOLI, DEBBIE
Address: P O BOX 1283
City-St-Zip: PALM CITY, FL 34990

Title: T () Delete
Name: MEINHOLD, MICHELE
Address: P O BOX 1283
City-St-Zip: PALM CITY, FL 34990

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: MEINHOLD, MICHELLE
Address: 550 SE ST LUCIE BLVD
City-St-Zip: STUART, FL 34996 US

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: VP (X) Change () Addition
Name: BAYLISS, LLOYD
Address: P O BOX 1283
City-St-Zip: PALM CITY, FL 34990

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: MICHELLE MEINHOLD

T

02/16/2008

Electronic Signature of Signing Officer or Director

Date