

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007954

FILED  
May 05, 2005  
Secretary of State

**Entity Name:** TREASURE COAST HELPING HANDS CORPORATION

**Current Principal Place of Business:**

823 ORANGE AVE  
FT PIERCE, FL 34950

**New Principal Place of Business:**

2001 AVENUE D  
FT PIERCE, FL 34950

**Current Mailing Address:**

600 ATLANTIC AVE  
FT PIERCE, FL 34950

**New Mailing Address:**

**FEI Number:** 32-0055348      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

KURUSIS, RON  
C/O MARINE CONNECTION  
2970 NORTH US 1  
FT PIERCE, FL 34946 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: P ( ) Delete  
Name: SMITH, TODD  
Address: 600 ATLANTIC AVE  
City-St-Zip: FT PIERCE, FL 34950

Title: C ( ) Delete  
Name: KURVSLS, RON  
Address: 445 RIVER PRADO DR  
City-St-Zip: FT PIERCE, FL 34946

Title: T ( ) Delete  
Name: SEITZINGER, TIM  
Address: 1815 6TH AVE SW  
City-St-Zip: VERO BEACH, FL 32962

Title: S (X) Delete  
Name: SMITH, LISA  
Address: 600 ATLANTIC AVE  
City-St-Zip: FT PIERCE, FL 34950

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: HELTON, DONNIE  
Address: 600 ATLANTIC AVE  
City-St-Zip: FT PIERCE, FL 34950

Title: C (X) Change ( ) Addition  
Name: KURUSIS, RON  
Address: 445 RIVER PRADO DR  
City-St-Zip: FT PIERCE, FL 34946

Title: TS (X) Change ( ) Addition  
Name: JONES, VALERIE  
Address: 5511 RAINTREE TRAIL  
City-St-Zip: FORT PIERCE, FL 34982

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: VALERIE JONES

TS

05/05/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date