


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90108 008 ****61.25

DOCUMENT # N02000009143

1. Entity Name
TREASURE COAST CIVITAN CLUB, INC.



Principal Place of Business Mailing Address

**1565 SW BALMORAL TRC
 STUART FL 34997** **1565 SW BALMORAL TRC
 STUART FL 34997**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For

63-1244727 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FORESTIER, POLLY
 1565 SW BALMORAL TRC
 STUART FL 34997**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHRISTY, JOANNE 1296 NW PINE RIDGE TRL STUART FL 34994 <input checked="" type="checkbox"/> Delete <i>(DIED)</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FORESTIER, POLLY 1565 SW BALMORAL TRC STUART FL 34997 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RICHARDSON, DOROTHY 6531 SW FED HWY #R-108 STUART FL 34997 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRACUZZI, GENIE 1338 NW CAMELLIA AVE STUART FL 34994 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BURROWS, SUSAN 108 NW ALICE AVE JENSEN BEACH FL 34957 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUNTING, BARBARA 4751 N OCEAN BLVD #2 JENSEN BEACH FL 34957 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition B RITA YOST 6531 SE FEDERAL HWY R101 STUART FL 34997

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Polly Forestier* **POLLY FORESTIER** 3-10-06 112-838367



1st MOORE CR2E037 (10/05)