

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004331

FILED  
Apr 24, 2005  
Secretary of State

**Entity Name:** TREASURE ISLAND CITIZENS FOR RESPONSIBLE PROGRESS, INC.

**Current Principal Place of Business:**

12415 GULF BLVD.  
TREASURE ISLAND, FL 33706

**New Principal Place of Business:**

**Current Mailing Address:**

12415 GULF BLVD.  
TREASURE ISLAND, FL 33706

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

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

PFEIFFER, EARL  
12415 GULF BLVD.  
TREASURE ISLAND, FL 33706 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: VP ( ) Delete  
Name: PFEIFFER, EARL  
Address: 12415 GULF BLVD.  
City-St-Zip: TREASURE ISLAND, FL 33706

Title: D ( ) Delete  
Name: WEINREICH, CHARLES  
Address: 11165 7TH ST. EAST  
City-St-Zip: TREASURE ISLAND, FL 33706

Title: P ( ) Delete  
Name: COX, OLIVIA  
Address: 31 DOLPHIN DR.  
City-St-Zip: TREASURE ISLAND, FL 33706

Title: D ( ) Delete  
Name: EHLY, GERRY  
Address: 810 116TH AVENUE  
City-St-Zip: TREASURE ISLAND, FL 33706 US

Title: S ( ) Delete  
Name: DAUGHTRY, MARY C  
Address: PO BOX 9500  
City-St-Zip: TREASURE ISLAND, FL 33706

**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: EARL PFEIFFER

VP

04/24/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date