

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007633

FILED
Apr 29, 2005
Secretary of State

Entity Name: TREASURE COAST EMPLOYMENT SERVICES I, INC.

Current Principal Place of Business:

921 E HALL ST
STUART, FL 34994

New Principal Place of Business:

Current Mailing Address:

921 E HALL ST
STUART, FL 34994

New Mailing Address:

FEI Number: 20-0199612

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GIPSON, CEPHAS L II
921 E HALL ST
STUART, FL 34994 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: D () Delete
Name: GIPSON, CEPHAS L II
Address: 921 E HALL ST
City-St-Zip: STUART, FL 34994

Title: D () Delete
Name: CHRISTIE, JAMES ALBERT
Address: 915 HALL STREET
City-St-Zip: STUART, FL 34994

Title: D () Delete
Name: ROBINSON-CLARKE, OULA R
Address: PO BOX 3335
City-St-Zip: STUART, FL 34995

Title: D () Delete
Name: SPEAKS, LOTUS K
Address: 7678 SE KINGS WAY
City-St-Zip: HOBE SOUND, FL 33455

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:

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: CEPHAS LOUIS GIPSON II

D

04/29/2005

Electronic Signature of Signing Officer or Director

Date