2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008
Secretary of State

DOCUMENT# N03000007633

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 ( )**
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:

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 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: CEPHAS L. GIPSON D 05/01/2008
Electronic Signature of Signing Officer or Director — Date