## **2006 NOT-FOR-PROFIT CORPORATION**

## **ANNUAL REPORT**

DOCUMENT # N03000008367 1. Entity Name
TREASURE COAST COMMUNITY SINGERS INC.

## **FILED** Mar 02, 2006 8:00 am Secretary of State

03-02-2006 90012 011 \*\*\*\*61.25

				WI LIST					
Principal Place of Business 8592 GALLEETRY OF OLE PORT ST. LUDE, RL 34952		Mailing Address 8592 CALLEEFTY OF G.E PORTST. LUGE, FL 34952			:			•	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01092006	Chg-NP	CR2E037	7 (11/05)	
City & State		City & State			4. FEI Numbe 11-3698			_ <del> </del>	plied For t Applicable
Zip	Country	Zip	Country		5. Certificate	of Status Desired		8.75 Add	itional
	6. Name and Address of Current	Registered Agent		i	7. Name and	Address of New			
COOK, BEVERLY J			Name						-
COOK, BEVERLY J   8592 GALLBERRY CIRCLE   PORT ST. LUCIE, FL 34952			Street Addres		(P.O. Box Number is Not Acceptable)				
1 0101 01.	. COOIL, 1 C 04932						-		
			City				FL	Zip Code	9
	named entity submits this statement for	or the purpose of changing its r	registered office	or registere	d agent, or bott	h, in the State of F	lorida. I am fa	ımiliar with,	and accept
the obligati	tions of registered agent.								
SIGNATURE									
0,0,0,0,1		and title if confinetion (MOTE)							
l	Signature, typed or printed name of registered agont	rand that rappacaula. (NOTE	: Registered Agent sign	Jature recjuired v	rhen reinstating)		DATE		
	Filing Fee is \$61.25	9. Election Cam Trust Fund Co	paign Financing		\$5.00 May Bo		Vake check		
10.	Filing Fee is \$61.25 Due by May 1, 2006	9. Election Cam Trust Fund Ca	paign Financing ontribution.		\$5.00 May Bo	Flo	Make check rida Departr	ment of SI	ate
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TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Filing Fee is \$61.25 Due by May 1, 2006  OFFICERS AND DI PD ADAMS, JANET S 3732 PENDULA CIRCLE PORT ST. LUCIE, FL 34952  VD LONG, ELSIE 445 NW BROOKVILLE COURT PORT ST. LUCIE, FL 34986	9. Election Cam Trust Fund Co	paign Financing ontribution.  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP C AOR 313 POR POR LON 145 POR	\$5.00 May Bo Added to Fees DDITIONS/CH/ DDIT	FIGURES TO OFFICE  WHET S  PULLA CIL  WHIE F	Make check wide Department of the Control of the Co	ECTORS IN Change Change Change	10 Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 own attachment with an address, with all other like empowered.