


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90084 004 ****61.25

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

Principal Place of Business 8592 GALLBERRY CIRCLE PORT ST. LUCIE, FL 34952	Mailing Address 8592 GALLBERRY CIRCLE PORT ST. LUCIE, FL 34952
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



01102007 Chg-NP CR2E037 (12/06)

4. FEI Number 11-3698020	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COOK, BEVERLY J 8592 GALLBERRY CIRCLE PORT ST. LUCIE, FL 34952	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PPD ADAMS, JANET S 3732 PENDULA CIRCLE PORT ST. LUCIE, FL 34952 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRAN, SID 2082 SW RACQUET CLUB DRIVE PALM CITY FL. 34990 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO LONG, ELSIE 445 NW BROOKVILLE COURT PORT ST. LUCIE, FL 34986 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOK, BEVERLY J 8592 GALLBERRY CIRCLE PORT ST. LUCIE, FL 34952 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LAUER JEAN 420 NETTLES BLVD JENSEN BEACH FL 34967 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WEITKAMP, CAROLYN F 631 CALMOSO DRIVE PORT ST. LUCIE, FL 34983 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TOPPING, CHARLES A 3480 SE MARNIQUE TRL STUART, FL 34997 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIFFIN BONNIE 6078 SW MOORE ST PALM CITY FL 34990 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-07 212 219-3786
Date Daytime Phone #

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DOCUMENT # N03000008367

1. Entity Name
TREASURE COAST COMMUNITY SINGERS INC.



ATTACHMENT

Principal Place of Business
8592 GALLBERRY CIRCLE
PORT ST. LUCIE, FL 34952

Mailing Address
8592 GALLBERRY CIRCLE
PORT ST. LUCIE, FL 34952

40003573

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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4. FEI Number
11-3698020

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

COOK, BEVERLY J
8592 GALLBERRY CIRCLE
PORT ST. LUCIE, FL 34952

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

State check payable to
Florida Department of State

10 OFFICERS
& DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MR. MANNIS, KEN	
STREET ADDRESS	6198 SE BLACK OAK LN	
CITY-STATE-ZIP	STUART FL 34997	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MACHADO, LINDA	
STREET ADDRESS	909 N.W. TREASURE	
CITY-STATE-ZIP	STUART FL 34994	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RIDER, TOM	
STREET ADDRESS	9403 S. INDIAN DRIVE	
CITY-STATE-ZIP	FT. PIERCE FL 34982	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WARONIEKI, MARGARET	
STREET ADDRESS	24TH S.W. AVONDALE ST.	
CITY-STATE-ZIP	PORT ST. LUCIE FL 34984	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		