

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2006 8:00 am**  
**Secretary of State**

04-19-2006 90111 016 \*\*\*\*61.25

<b>DOCUMENT # N03000009730</b>					
<b>1. Entity Name</b> THE TREASURE COAST COUNCIL OF LOCAL GOVERNMENTS, INC.					
<b>Principal Place of Business</b> 2300 VIRGINIA AVENUE ROOM #304 FORT PIERCE, FL 34982 US			<b>Mailing Address</b> 2300 VIRGINIA AVENUE ROOM #304 FORT PIERCE, FL 34982 US		
<b>2. Principal Place of Business</b>  Suite, Apt. #, etc.			<b>3. Mailing Address</b>  Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		<b>4. FEI Number</b> 51-0500007	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>  ANDERSON, DOUGLAS ST. LUCIE COUNTY ADMINISTRATIVE CENTER 2300 VIRGINIA AVENUE FORT PIERCE, FL 34982			<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) City		
Signature			DATE		
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>			<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> C <b>NAME</b> HUTCHINSON, FRANNIE <b>STREET ADDRESS</b> 2300 VIRGINIA AVENUE <b>CITY-ST-ZIP</b> FORT PIERCE, FL 34982	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> C <b>NAME</b> Falcone, Charles <b>STREET ADDRESS</b> P.O. Box 7 (2 Bridge Rd) <b>CITY-ST-ZIP</b> Hobe Sound, FL 33475	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> C <b>NAME</b> MINSKY, ROBERT E <b>STREET ADDRESS</b> 121 S.W. PORT ST. LUCIE BLVD <b>CITY-ST-ZIP</b> PORT ST LUCIE, FL 34984	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> VC <b>NAME</b> Cadden, Tom <b>STREET ADDRESS</b> 3 West Sea Colony Dr. <b>CITY-ST-ZIP</b> Indian River Shores, FL 32963	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> T <b>NAME</b> BARCZYK, JOE <b>STREET ADDRESS</b> 1225 MAIN STREET <b>CITY-ST-ZIP</b> SEBASTIAN, FL 32958	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> T <b>NAME</b> Abney, John <b>STREET ADDRESS</b> 304 NW 2nd St. <b>CITY-ST-ZIP</b> Okeechobee, FL 34972	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> S <b>NAME</b> BAUSCH, THOMAS <b>STREET ADDRESS</b> ONE SOUTH SEWALL'S POINT ROAD <b>CITY-ST-ZIP</b> SEWALL'S POINT, FL 34996	<input type="checkbox"/> Delete		<b>TITLE</b> S <b>NAME</b> (Bausch) <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VC <b>NAME</b> FALCONE, CHARLES <b>STREET ADDRESS</b> PO BOX 7 <b>CITY-ST-ZIP</b> HOBE SOUND, FL 33475	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <b>JOHN W. ABNEY, SR.</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date: 4/14/06 Daytime Phone #: 863-263-6541	

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