

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009730

FILED
Apr 30, 2007
Secretary of State

Entity Name: THE TREASURE COAST COUNCIL OF LOCAL GOVERNMENTS, INC.

Current Principal Place of Business:

2300 VIRGINIA AVENUE
ROOM #304
FORT PIERCE, FL 34982 US

New Principal Place of Business:

Current Mailing Address:

2300 VIRGINIA AVENUE
ROOM #304
FORT PIERCE, FL 34982 US

New Mailing Address:

FEI Number: 51-0500007

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDERSON, DOUGLAS
ST. LUCIE COUNTY ADMINISTRATIVE CENTER
2300 VIRGINIA AVENUE
FORT PIERCE, FL 34982 US

Name and Address of New Registered Agent:

WATFORD, DOWLING
701 NE 5TH ST
OKEECHOBEE, FL 34972 US

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: DOWLING WATFORD

04/30/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: FALCONE, CHARLES
Address: P.O. BOX 7, 2 BRIDGE RD
City-St-Zip: HOBE SOUND, FL 33475 US

Title: VC () Delete
Name: CADDEN, TOM
Address: 3 WEST SEA COLONY DR
City-St-Zip: VERO BEACH, FL 32963

Title: T () Delete
Name: ABNEY, JOHN
Address: 304 NW 2ND ST
City-St-Zip: OKEECHOBEE, FL 34972

Title: S () Delete
Name: BAUSCH, THOMAS
Address: ONE SOUTH SEWALL'S POINT ROAD
City-St-Zip: SEWALL'S POINT, FL 34996

Title: VC (X) Delete
Name: FALCONE, CHARLES
Address: PO BOX 7
City-St-Zip: HOBE SOUND, FL 33475

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: CADDEN, TOM
Address: 3 WEST SEA COLONY DR
City-St-Zip: VERO BEACH, FL 32963 US

Title: VC (X) Change () Addition
Name: FROMANG, DEBRA
Address: P O BOX 1389
City-St-Zip: VERO BEACH, FL 32961 US

Title: T (X) Change () Addition
Name: WATFORD, DOWLING
Address: 701 NE 5TH ST
City-St-Zip: OKEECHOBEE, FL 34972

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: DOWLING WATFORD

T

04/30/2007

Electronic Signature of Signing Officer or Director

Date