


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000010568 1. Entity Name TREASURE COAST DEAF CHURCH INC.	
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Principal Place of Business 1517 SE CROWN STREET PORT ST. LUCIE, FL 34983-3802	Mailing Address 1517 SE CROWN STREET PORT ST. LUCIE, FL 34983-3802
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01112005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEE Number 20-0674541	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CURRAN, HUGH M 1517 SE CROWN STREET PORT ST. LUCIE, FL 34983-3802	DO NOT WRITE IN THIS SPACE
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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, 2005	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CURRAN, HUGH M 1517 SE CROWN STREET PORT ST. LUCIE, FL 349833802
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CURRAN, KAREN J 1517 SE CROWN STREET PORT ST. LUCIE, FL 349833802
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROULETTE, JIMMY 1292 S W CURRY STREET PORT ST. LUCIE, FL 34983
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VENNE, JOYCE 2285 SE MIDTOWN RD FORT PIERCE, FL 34952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRIDGERS, CRAIG 6108 SUNSET BLVD FORT PIERCE, FL 34952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/14/05-80047-012 61.25

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  Hugh M. Curran 1/14/05 772-528-4015
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #