
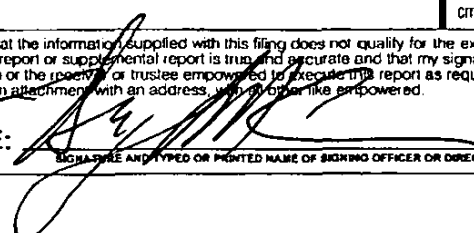


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 31, 2006 8:00 am
Secretary of State

07-18-2006 90083 039 ****61.25

DOCUMENT # N03000010568 1. Entity Name TREASURE COAST DEAF CHURCH INC.					
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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent CURRAN, HUGH M 1517 SE CROWN STREET PORT ST. LUCIE, FL 34983-3802				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 _____ <small>Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P CURRAN, HUGH M <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CURRAN, HUGH M		NAME		
STREET ADDRESS	1517 SE CROWN STREET		STREET ADDRESS		
CITY-ST-ZIP	PORT ST. LUCIE, FL 349833802		CITY-ST-ZIP		
TITLE	ST CURRAN, KAREN J <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CURRAN, KAREN J		NAME		
STREET ADDRESS	1517 SE CROWN STREET		STREET ADDRESS		
CITY-ST-ZIP	PORT ST. LUCIE, FL 349833802		CITY-ST-ZIP		
TITLE	D ROULETTE, JIMMY <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROULETTE, JIMMY		NAME		
STREET ADDRESS	1292 S W CURRY STREET		STREET ADDRESS		
CITY-ST-ZIP	PORT ST. LUCIE, FL 34983		CITY-ST-ZIP		
TITLE	D VENNE, JOYCE <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VENNE, JOYCE		NAME		
STREET ADDRESS	2285 SE MIDTOWN RD		STREET ADDRESS		
CITY-ST-ZIP	FORT PIERCE, FL 34952		CITY-ST-ZIP		
TITLE	D BRIDGERS, CRAIG <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRIDGERS, CRAIG		NAME		
STREET ADDRESS	6108 SUNSET BLVD		STREET ADDRESS		
CITY-ST-ZIP	FORT PIERCE, FL 34952		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 or without like empowered.					
SIGNATURE: 			Date: 7/28/06		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					