

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 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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DO NOT WRITE IN THIS SPACE



04202007 No Chg-NP CR2E037 (4/06)

4. FEI 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**

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 <input type="checkbox"/> \$5.00 May Be Added to Fees
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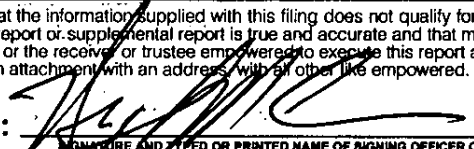
10. OFFICERS AND DIRECTORS

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	

U00000725083
05/03/07-80008-005 61.25

**DO NOT WRITE
IN THIS SPACE**

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:  Pres

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/20/07** Daytime Phone #: **720-384-4015**