

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03311

FILED
Jan 11, 2009
Secretary of State

Entity Name: TREASURE COASTERS REPEATER ASSOCIATION, INC.

Current Principal Place of Business:

240 29TH COURT SW
VERO BEACH, FL 32968 US

New Principal Place of Business:

Current Mailing Address:

1590 46TH AVENUE
VERO BEACH, FL 32966 US

New Mailing Address:

FEI Number: 59-2413858

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAKER, C. DWIGHT
1590 46TH AVENUE
VERO BEACH, FL 32966 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S/TD () Delete
Name: JACKSON, RICHARD
Address: 240 29TH COURT SW
City-St-Zip: VERO BEACH, FL 32968

Title: D () Delete
Name: BAKER, C. DWIGHT
Address: 1590 46TH AVENUE
City-St-Zip: VERO BEACH, FL 32966

Title: D () Delete
Name: SMITH, ALFRED
Address: 1425 14TH COURT
City-St-Zip: VERO BEACH, FL 32960

Title: PD () Delete
Name: STEWART, CRAIG
Address: 646 GLENVIEW TERRACE
City-St-Zip: VERO BEACH, FL 32962

Title: VD () Delete
Name: NOVOTNY, JOHN J
Address: 163 FREEPORT CAY
City-St-Zip: VERO BEACH, FL 32966

Title: D (X) Delete
Name: LIMBERIS, NICHOLAS M
Address: 1526 48TH COURT
City-St-Zip: VERO BEACH, FL 32966

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: BAKER, C. DWIGHT
Address: 1590 46TH AVENUE
City-St-Zip: VERO BEACH, FL 32966

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: LIMBERIS, NICHOLAS M
Address: 1526 48TH COURT
City-St-Zip: VERO BEACH, FL 32966

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: CRAIG STEWART

PD

01/11/2009

Electronic Signature of Signing Officer or Director

Date