2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2006
Secretary of State

DOCUMENT# N04000003459

Entity Name: TREASURE COAST WILDLIFE FOUNDATION, INC.

Current Principal Place of Business:

8438 SW 48TH AVENUE
PALM CITY, FL 34990

New Principal Place of Business:

Current Mailing Address:

8438 SW 48TH AVENUE
PALM CITY, FL 34990

New Mailing Address:

FEI Number: 65-1223277 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCCARTHY, TERENCE P ESQ
2400 SE FEDERAL HWY 4 FLOOR
STUART, FL 34994 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:	P	( ) Delete
Name:	HERSHEY, SUSAN J	
Address:	352 RIDGE LN	
City-St-Zip:	STUART, FL 34994	
Title:	VP	( ) Delete
Name:	MCCARTHY, TERRENCE	
Address:	2400 SE FEDERAL HWY 4 FLOOR	
City-St-Zip:	STUART, FL 34994	
Title:	T	( ) Delete
Name:	WEBER, JEFFREY L	
Address:	2400 SE MONTEREY RD STE 100	
City-St-Zip:	STUART, FL 349963321	
Title:	S	( ) Delete
Name:	OVERDORF, TOBIN	
Address:	1251 SW 27TH. ST. SUITE 2	
City-St-Zip:	PALM CITY, FL 34990	
Title:	D	( ) Delete
Name:	HESS, GLEN	
Address:	633 COURTLAND CIRCLE	
City-St-Zip:	WESTERN SPRINGS, IL 60558	
Title:	D	( ) Delete
Name:	MCNICHOLAS, TOM	
Address:	416 FLAMINGO AVE	
City-St-Zip:	STUART, FL 34996	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	T	(X) Change ( ) Addition
Name:	VEGA, RUTHANNE	
Address:	10762 SE FEDERAL HWY	
City-St-Zip:	HOBE SOUND, FL 33455	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
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 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: SUSAN HERSHEY P 01/25/2006

Electronic Signature of Signing Officer or Director — Date