

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003459

FILED
Apr 24, 2009
Secretary of State

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:

8626 SW CITRUS BLVD
PALM CITY, FL 34990

Current Mailing Address:

8438 SW 48TH AVENUE
PALM CITY, FL 34990

New Mailing Address:

8626 SW CITRUS BLVD
PALM CITY, FL 34990

FEI Number: 65-1223277

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OVERDORF, TOBIN
1251 SW 27TH ST.
SUITE 2
PALM CITY, FL 34990 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: OVERDORF, TOBIN
Address: 1251 SW 27TH. ST. SUITE 2
City-St-Zip: PALM CITY, FL 34990

Title: VP () Delete
Name: MCNICHOLAS, TOM
Address: 416 FLAMINGO AVE
City-St-Zip: STUART, FL 34996

Title: T () Delete
Name: VEGA, RUTHANNE
Address: 10762 SE FEDERAL HWY
City-St-Zip: HOBE SOUND, FL 33455

Title: D () Delete
Name: HAUGK, JAMES
Address: 2964 NE SEWALL'S LANDING WAY
City-St-Zip: JENSEN BEACH, FL 34957 US

Title: D () Delete
Name: HESS, GLEN
Address: 633 COURTLAND CIRCLE
City-St-Zip: WESTERN SPRINGS, IL 60558

Title: D () Delete
Name: VAN VONNO, FRED
Address: 15 S. RIDGEVIEW ROAD
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: () Change () Addition
Name:
Address:
City-St-Zip:

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

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

Title: S (X) Change () Addition
Name: VALLIERE, SUSAN
Address: 8626 SW CITRUS BLVD
City-St-Zip: PALM CITY, FL 34990

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: TOBIN OVERDORF

P

04/24/2009

Electronic Signature of Signing Officer or Director

Date