2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2006
Secretary of State

DOCUMENT# N05000009956

Entity Name: TREASURE COAST WRITERS GUILD, INCORPORATED

Current Principal Place of Business:

5626 TRAVELERS WAY
FORT PIERCE, FL 34982

New Principal Place of Business:

Current Mailing Address:

5626 TRAVELERS WAY
FORT PIERCE, FL 34982

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LENNON, PATRICK A
5626 TRAVELERS WAY
FORT PIERCE, FL 34982 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: PD ( ) Delete
Name: LENNON, PATRICK
Address: 5626 TRAVELERS WAY
City-St-Zip: FORT PIERCE, FL 34982

Title: VD ( ) Delete
Name: ERNST, JAMES
Address: 1219D SUN TERRACE CIRCLE
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: SD ( ) Delete
Name: LAMB, DAREN
Address: 2328 OAK DRIVE
City-St-Zip: FORT PIERCE, FL 34949

Title: TD ( ) Delete
Name: RICKIS, ANDREW
Address: 1168 SW HIBISCUS ST.
City-St-Zip: PORT ST. LUCIE, FL 34983

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:

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: PATRICK A. LENNON PD 01/05/2006
Electronic Signature of Signing Officer or Director — Date