2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 10, 2007 8:00 am
Secretary of State
04-11-2007 90024 020 ****70.00

66021845

DOCUMENT # N06000000068

1. Entity Name

TREASURE COAST YOUTH SAILING FOUNDATION, INC.

Principal Place of Business	Mailing Address
700 INDIAN RIVER DRIVE FORT PIERCE FL 34949	PO BOX 3108 FORT PIERCE FL 34948

1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 43-2095966 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WHITEHEAD, ROY 700 INDIAN RIVER DRIVE FORT PIERCE FL 34949	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees	Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President ☐ Delete TROY INGERSON 4302 Thousand Pines Port St. Lucie FL 34981	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER ☐ Delete CANDACE BANACK 1001 S. INDIAN RIVER DR. Ft PIERCE FL 34950	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY ☐ Delete SHARON RAPHAELI 1326 RIVER RIDGE DR. VERO BEACH FL 32961	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ROBERT J. BENTON ☐ Delete 1365 BAYHOUSE DR Ft PIERCE FL 34949	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	NORMAN H. PENNER Sr. ☐ Delete 3401 N. Hwy A1A FT. PIERCE FL 34949 TRUSTEE	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	WILLIAM WOOLLETT ☐ Delete 649 NE HORIZON LANE TRUSTEE PORT ST. LUCIE FL 34983	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Roy M. Whitehead Roy M. Whitehead 772-332-1732
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT

66021845

#N0600000068

Sept 7/7

I trust that I have fulfilled all your requirements at this time.

Respectfully

Candace Sanford

for

The Treasure Coast Youth Sailing Foundation