

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004610

FILED
Jan 20, 2009
Secretary of State

Entity Name: SUSTAINABLE TREASURE COAST, INC.

Current Principal Place of Business:

1903 SOUTH 25TH STREET
SUITE 200
FORT PIERCE, FL 34947

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 2757
FORT PIERCE, FL 34954

New Mailing Address:

FEI Number: 20-4767730

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEAN MEAD SERVICES, LLC
1903 SOUTH 25TH STREET
SUITE 200
FORT PIERCE, FL 34947 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: RANIERI, STACY W
Address: 2062 SW RACQUET CLUB DRIVE
City-St-Zip: PALM CITY, FL 34990

Title: VP () Delete
Name: MCPHERSON, GERI
Address: 4821 S NEWPORT ISLAND DRIVE
City-St-Zip: VERO BEACH, FL 32967

Title: T () Delete
Name: RIDGELY, H.M.
Address: 252 SW SALERNO ROAD
City-St-Zip: STUART, FL 34997

Title: S () Delete
Name: DAWSON, MARY
Address: 6014 SW MAPP ROAD
City-St-Zip: PALM CITY, FL 34990

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 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: HERBERT M RIDGELY III

T

01/20/2009

Electronic Signature of Signing Officer or Director

Date