2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 11, 2009
Secretary of State

DOCUMENT# N06000005644

Entity Name: TREASURE COAST USBC ASSOCIATION, INC.

Current Principal Place of Business:

2161 SE STONECROP STREET
PORT ST LUCIE, FL 34984

New Principal Place of Business:

606 AZALEA AVE
FORT PIERCE, FL 34982

Current Mailing Address:

2161 SE STONECROP STREET
PORT ST LUCIE, FL 34984

New Mailing Address:

606 AZALEA AVE
FORT PIERCE, FL 34982

FEI Number: 20-4798293 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SCHREUDER, WILLIAM J
342 NE BRASHER COURT
PORT ST. LUCIE, FL 34983 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: PRES ( ) Delete
Name: SCHREUDER, WILLIAM J
Address: 342 NE BRASHER CT
City-St-Zip: PORT ST LUCIE, FL 34983

Title: VP ( ) Delete
Name: DAVIS, GREG S
Address: 121 OSCOELA AVE
City-St-Zip: FORT PIERCE, FL 34982

Title: A/M ( ) Delete
Name: HAVEN, RUTH AM
Address: 2161 SE STONECROP STREET
City-St-Zip: PORT ST LUCIE, FL 34984

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: A/M (X) Change ( ) Addition
Name: MCKENZIE, BARBARA AM
Address: 606 AZALEA AVE
City-St-Zip: FORT PIERCE, FL 34982

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: BARBARA MCKENZIE A/M 08/11/2009

Electronic Signature of Signing Officer or Director — Date