

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 12, 2007 8:00 am
Secretary of State

06-12-2007 90111 010 ****70.00

DOCUMENT # N06000006620 1. Entity Name TREASURE COAST JEEP CLUB, INC.					
Principal Place of Business 121 HARRIS DRIVE SEBASTIAN, FL 32958			Mailing Address 121 HARRIS DRIVE SEBASTIAN, FL 32958		
2. Principal Place of Business - No P.O. Box # 5701 Sterling Lake Dr		3. Mailing Address P.O. Box 2338			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Fort Pierce, FL		City & State Vero Beach, FL		4. FEI Number 20-5166944	
Zip 34951		Country St. Lucie		Zip 32960	
Country Indian River		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CRAIN, BRYAN 121 HARRIS DRIVE SEBASTIAN, FL 32958			7. Name and Address of New Registered Agent Name Charles Blair Street Address (P.O. Box Number is Not Acceptable) 5701 Sterling Lake Drive City Fort Pierce FL Zip Code 34951		
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 <u><i>Charles Blair</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>6/6/07</u>					
Filing Fee is \$61.25 Due by September 14, 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 P NAME CRAIN, BRYAN STREET ADDRESS 121 HARRIS DRIVE CITY-ST-ZIP SEBASTIAN, FL 32958	☒ Delete		TITLE V NAME Myers, Kent STREET ADDRESS 4903 Myrtle Drive CITY-ST-ZIP Fort Pierce, FL 34982	☐ Change ☒ Addition	
TITLE V NAME BLAIR, CHARLES STREET ADDRESS 442 SE WALTERS TERRACE CITY-ST-ZIP PORT ST. LUCIE, FL	☐ Delete		TITLE P NAME Blair, Charles STREET ADDRESS 5701 Sterling Lake Drive CITY-ST-ZIP Fort Pierce, FL 34951	☒ Change ☐ Addition	
TITLE S NAME MYERS, CHARLENE STREET ADDRESS 4903 MYRTLE DRIVE CITY-ST-ZIP PORT PIERCE, FL 34982	☐ Delete		TITLE S NAME Myers, Charlene STREET ADDRESS 4903 Myrtle Drive CITY-ST-ZIP Fort Pierce, FL 34982	☒ Change ☐ Addition	
TITLE T NAME HARTSFIELD, DEBORAH STREET ADDRESS 1101 29TH STREET CITY-ST-ZIP VERO BEACH, FL 32960	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		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 Chapter 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: <u><i>[Signature]</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <u>6/6/07</u> (772) 461-1682 Daytime Phone #		