

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006620

FILED  
Mar 12, 2009  
Secretary of State

Entity Name: TREASURE COAST JEEP CLUB, INC.

**Current Principal Place of Business:**

4903 MYRTLE DR  
FORT PIERCE, FL 34982

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2338  
VERO BEACH, FL 32960

**New Mailing Address:**

PO BOX 2338  
VERO BEACH, FL 32961 23

FEI Number: 20-5166944

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

MYERS, KENT  
4903 MYRTLE DR  
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: P ( ) Delete  
Name: MYERS, KENT  
Address: 4903 MYRTLE DR  
City-St-Zip: FORT PIERCE, FL 34982

Title: VP ( ) Delete  
Name: BASS, JAMES  
Address: 2936 1ST ST  
City-St-Zip: VERO BEACH, FL 32968

Title: S ( ) Delete  
Name: MYERS, CHARLENE  
Address: 4903 MYRTLE DRIVE  
City-St-Zip: PORT PIERCE, FL 34982

Title: T ( ) Delete  
Name: HARTSFIELD, DEBORAH  
Address: 1101 29TH STREET  
City-St-Zip: VERO BEACH, FL 32960

**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: CHARLENE MYERS

S

03/12/2009

Electronic Signature of Signing Officer or Director

Date