


2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N060000Q7734 1. Entity Name TREASURE COAST BIBLE ASSEMBLY, INC						FILED 08 OCT 27 AM 10:48 DEPT OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 6959 NW HERSHEY CIRCLE PORT SAINT LUCIE, FL 34983				Mailing Address 6959 NW HERSHEY CIRCLE PORT SAINT LUCIE, FL 34983			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent HEWLING, YOLANDO A ESQUIRE 2345 SE CALCUTTA CIRCLE PORT SAINT LUCIE, FL 34952				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
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.				4. FEI Number 20-5082852			
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable			
\$8.75 Additional Fee Required				09062008 Chg-NP CR2E037 (12/06)			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>			
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>			
\$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	P KURTGIS, CARL 6959 NW HERSHEY CIRCLE PORT SAINT LUCIE, FL 34983			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MICHELSON, EDWARD 291 SUNRISE DRIVE FORT PIERCE, FL 34951			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FACEY, EVERETT 3238 HAMBRICK STREET PORT SAINT LUCIE, FL 34953			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SEWELL, HUGH 925 SW FENWAY RD PORT SAINT LUCIE, FL 34953			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS LEONE, FRANK 2492 VALNERA STREET PORT SAINT LUCIE, FL 34953			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT WALLACE, HORACE 1084 SW DILIDO LANE PORT SAINT LUCIE, FL 34953			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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>Carl Kurtgis</u> (Carl Kurtgis)				9/2/08			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date			
772-336-				Daytime Phone #			

10/2/08