

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007734

FILED
Apr 09, 2009
Secretary of State

Entity Name: TREASURE COAST BIBLE ASSEMBLY, INC

Current Principal Place of Business:

6959 NW HERSHY CIRCLE
PORT SAINT LUCIE, FL 34983

New Principal Place of Business:

Current Mailing Address:

6959 NW HERSHY CIRCLE
PORT SAINT LUCIE, FL 34983

New Mailing Address:

FEI Number: 20-5082852

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEWLING, YOLANDO A ESQUIRE
2345 SE CALCUTTA CIRCLE
PORT SAINT LUCIE, FL 34952 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: KURTGIS, CARL
Address: 6959 NW HERSHY CIRCLE
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: VP () Delete
Name: MICHELSON, EDWARD
Address: 291 SUNRISE DRIVE
City-St-Zip: FORT PIERCE, FL 34951

Title: S () Delete
Name: FACEY, EVERETT
Address: 3238 HAMBRICK STREET
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: T () Delete
Name: SEWELL, HUGH
Address: 925 SW FENWAY RD
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: AS () Delete
Name: LEONE, FRANK
Address: 2492 VALNERA STREET
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: () Delete
Name:
Address:
City-St-Zip:

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:

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

Title: AT () Change (X) Addition
Name: GODFREY, JOSHUA
Address: 1442 SE BARKER LANE
City-St-Zip: PORT SAINT LUCIE, FL 34983

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: EVERETT FACEY

S

04/09/2009

Electronic Signature of Signing Officer or Director

Date