

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010049

FILED
Jul 11, 2007
Secretary of State

Entity Name: TREASURE COAST RARE FRUIT CLUB, INC.

Current Principal Place of Business:

3696 ELEVEN MILE ROAD
FORT PIERCE, FL 34945

New Principal Place of Business:

Current Mailing Address:

3696 ELEVEN MILE ROAD
FORT PIERCE, FL 34945

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **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:

Name and Address of New Registered Agent:

SPENCER, BARBARA
3696 ELEVEN MILE ROAD
FORT PIERCE, FL 34945 US

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 D () Delete
Name: SPENCER, BARBARA
Address: 3696 ELEVEN MILE ROAD
City-St-Zip: FORT PIERCE, FL 34945

Title: VP D () Delete
Name: WEBB, DARIEL
Address: 1900 8TH STREET
City-St-Zip: VERO BEACH, FL 32962

Title: STD () Delete
Name: WHITE, DIDI
Address: 675 14TH STREET
City-St-Zip: VERO BEACH, FL 32982

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP D (X) Change () Addition
Name: YATES, LEONA
Address: 3696 ELEVEN MILE ROAD
City-St-Zip: FORT PIERCE, FL 34945

Title: STD (X) Change () Addition
Name: NANCE, INA
Address: 3696 ELEVEN MILE ROAD
City-St-Zip: FORT PIERCE, FL 34945

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 J. SPENCER

PD

07/11/2007

Electronic Signature of Signing Officer or Director

Date