


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 30, 2008 08:00 AM
Secretary of State

DOCUMENT # N06000010681 1. Entity Name TREASURE COAST CONSERVATION TRUST, INC.	
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Principal Place of Business 332 PALMS AVENUE FORT PIERCE, FL 34982	Mailing Address 332 PALMS AVENUE FORT PIERCE, FL 34982
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DO NOT WRITE IN THIS SPACE



01242008 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-5815219	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MELVILLE, HAROLD G ESQ.
MELVILLE, SOWERBY & MCCARTY, P.L.
2940 SOUTH 25TH STREET
FORT PIERCE, FL 34981**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable DATE

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST TREFELNER, JENNIFER M 332 PALMS AVENUE FORT PIERCE, FL 34982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TREFELNER, TIMOTHY J 332 PALMS AVENUE FORT PIERCE, FL 34982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAWRENCE, PAMELA S 340 PALMS AVENUE FORT PIERCE, FL 34982
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02/05/08-80086-012 61.25

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: Jennifer Trefelner 1/28/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #