2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000010990

FILED Apr 07, 2009 Secretary of State

Entity Name: TREASURE COAST ADVERTISING FEDERATION, INC.

Name and Address of Current Registered Agent: MARSH, BARRY G 11505 SW MEADOWLARK CIRCLE STUART, FL 34997 US The above named entity submits this statement for the purpose of changing its registered office or registered agent in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date	Current Pri	ncipal Plac	e of Business:	New Principal Pla	New Principal Place of Business:		
P.O. BOX 2246 STUART, FL 349952246 FEI Number: 38-3768917 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desir Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MARSH, BARRY G 11505 SW MEADOWLARK CIRCLE STUART, FL 34997 US The above named entity submits this statement for the purpose of changing its registered office or registered agent in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND D Address: GOLDY, GAIL Address: GOLDY, GAIL Address: GAST SE SPICEWOOD CIRCLE City-St-Zip: HOBE SOUND, FL 33455 City-St-Zip: HOBE SOUND, FL 33455 City-St-Zip: Title: DV () Delete Name: SCHMOYER, STEPHEN Name: SCHMOYER, STEPHEN Name: SCHMOYER, STEPHEN Name: CONNOLLY, JODI M Name: Address: 2751 S. DIXIE HIGHWAY City-St-Zip: Title: DT () Delete Name: CONNOLLY, JODI M NAME: CONNOLLY,			RK CIR.				
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MARSH, BARRY G 11505 SW MEADOWLARK CIRCLE STUART, FL 34997 US The above named entity submits this statement for the purpose of changing its registered office or registered agent in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date	El Number: 3	38-3768917	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()		
The above named entity submits this statement for the purpose of changing its registered office or registered agent in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date	Name and	Address of	Current Registered Agent:	Name and Addres	s of New Registered Agent:		
In the State of Florida. SIGNATURE:	1505 SW N	MEADOWLA					
Electronic Signature of Registered Agent OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND D Title: DP () Delete Title: () Change () Addition Name: GOLDY, GAIL Address: 7887 SE SPICEWOOD CIRCLE City-St-Zip: HOBE SOUND, FL 33455 City-St-Zip: HOBE SOUND, FL 33455 Title: DV () Delete Title: () Change () Addition Name: SCHMOYER, STEPHEN Name: Address: 1249 CUTOFF ROAD Address: City-St-Zip: STUART, FL 34994 City-St-Zip: STUART, FL 34994 Title: DS () Delete Title: () Change () Addition Name: CONNOLLY, JODI M Name: Address: 2751 S. DIXIE HIGHWAY Address: City-St-Zip: WEST PALM BEACH, FL Title: DT () Delete Title: () Change () Addition Name: Address: 3434 ASH PLACE Address: City-St-Zip: PALM CITY, FL 34990 City-St-Zip: PALM CITY, FL 34990 Title: D () Delete Title: () Change () Addition Name: Address: 3434 ASH PLACE Address: 3434 ASH PLACE Address: MARSH, BARRY G Name: Address: 11505 SW MEADOWLARK CIRCLE Address: 11505 SW MEADOWLARK CIRCLE Address: 11505 SW MEADOWLARK CIRCLE			submits this statement for the pu	rpose of changing its registe	ered office or registered agent, or both,		
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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: GAIL GOLDY PRES 04/07/2009