

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000010990

FILED
Apr 07, 2009
Secretary of State

Entity Name: TREASURE COAST ADVERTISING FEDERATION, INC.

Current Principal Place of Business:

11505 SW MEADOWLARK CIR.
STUART, FL 34997

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2246
STUART, FL 349952246

New Mailing Address:

FEI Number: 38-3768917

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARSH, BARRY G
11505 SW MEADOWLARK CIRCLE
STUART, FL 34997 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: DP () Delete
Name: GOLDY, GAIL
Address: 7887 SE SPICEWOOD CIRCLE
City-St-Zip: HOBE SOUND, FL 33455

Title: DV () Delete
Name: SCHMOYER, STEPHEN
Address: 1249 CUTOFF ROAD
City-St-Zip: STUART, FL 34994

Title: DS () Delete
Name: CONNOLLY, JODI M
Address: 2751 S. DIXIE HIGHWAY
City-St-Zip: WEST PALM BEACH, FL

Title: DT () Delete
Name: PROBST, LINDA
Address: 3434 ASH PLACE
City-St-Zip: PALM CITY, FL 34990

Title: D () Delete
Name: MARSH, BARRY G
Address: 11505 SW MEADOWLARK CIRCLE
City-St-Zip: STUART, FL 34997

Title: D () Delete
Name: BUNCY, PAULA
Address: 3212 SE ASTER LANE
City-St-Zip: STUART, FL 34993

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

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

Electronic Signature of Signing Officer or Director

Date