

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011143

FILED
Jun 03, 2009
Secretary of State

Entity Name: TREASURE COAST ENVIRONMENTAL EDUCATION COUNCIL, INC.

Current Principal Place of Business:

5400 N.E. ST. JAMES DRIVE
PORT ST. LUCIE, FL 34983

New Principal Place of Business:

Current Mailing Address:

5400 N.E. ST. JAMES DRIVE
PORT ST. LUCIE, FL 34983

New Mailing Address:

FEI Number: 26-1466165 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **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:

HOWARD, JENNIFER
5400 N.E. ST. JAMES DRIVE
PORT ST. LUCIE, FL 34983 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: D () Delete
Name: UNDERWOOD, ELIZABETH
Address: 5400 N.E. ST. JAMES DRIVE
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: D () Delete
Name: MONTY, JAMIE A
Address: 3300 LEWIS STREET
City-St-Zip: FT. PIERCE, FL 34981

Title: D () Delete
Name: GOSTEL, MICHAEL
Address: 780 SE INDIAN STREET
City-St-Zip: STUART, FL 34997

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: HOWARD, JENNIFER
Address: 5400 N.E. ST. JAMES DRIVE
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: SECR (X) Change () Addition
Name: SHERIDAN, TESSA
Address: 2541 WALTON RD.
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: TREA (X) Change () Addition
Name: GOSTEL, MICHAEL
Address: 214 HOLLY AVENUE
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: MEMB () Change (X) Addition
Name: RYAN, CRISTIN
Address: 701 SEAWAY DRIVE
City-St-Zip: FORT PIERCE, FL 34949

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: JENNIFER HOWARD

PRES

06/03/2009

Electronic Signature of Signing Officer or Director

Date