

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002790

FILED
Apr 30, 2009
Secretary of State

Entity Name: BIG HEART BRIGADE OF THE TREASURE COAST, INC.

Current Principal Place of Business:

5320 SE STERLING CIRCLE
STUART, FL 34997

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 21
STUART, FL 34995

New Mailing Address:

FEI Number: 36-4630326

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GAINEY, ELMIRA R
5320 SE STERLING 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: () Delete
Name:
Address:
City-St-Zip:

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

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES () Change (X) Addition
Name: GAINNEY, ELMIRA
Address: 5320 SE STERLING CIRCLE
City-St-Zip: STUART, FL 34997 US

Title: VP () Change (X) Addition
Name: WOLFBERG, STEVE
Address: 2103 SE OPAL WAY
City-St-Zip: STUART, FL 34994 US

Title: TRES () Change (X) Addition
Name: TREMBLAY, ROSEMARY
Address: 8767 SE LINDA DRIVE
City-St-Zip: HOBE SOUND, FL 33455 US

Title: SEC () Change (X) Addition
Name: BUSHMAN, DENA
Address: 1284 SW 29TH STREET
City-St-Zip: PALM CITY, FL 34990 US

Title: CSEC () Change (X) Addition
Name: CRUMPLER, IKE
Address: 2354 SE WASHINGTON STREET
City-St-Zip: STUART, FL 34997 US

Title: PP () Change (X) Addition
Name: CONNORS, MATTHEW J
Address: 2145 SW CAPE COD DRIVE
City-St-Zip: PORT SAINT LUCIE, FL 34953 US

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: MATTHEW JORDAN CONNORS

PP

04/30/2009

Electronic Signature of Signing Officer or Director

Date