## 2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# N08000003748

TI FILED
Jul 10, 2009
Secretary of State

Entity Name: PRIDE OF THE TREASURE COAST, INC.

Current Principal Place of Business: New Principal Place of Business:

2095 SE JOYNER CIRCLE 5001 SILVER OAK DRIVE PORT ST. LUCIE, FL 34952 FT PIERCE, FL 34982

Current Mailing Address: New Mailing Address:

2095 SE JOYNER CIRCLE 5001 SILVER OAK DRIVE PORT ST. LUCIE, FL 34952 FT PIERCE, FL 34982

FEI Number: 26-2469507 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GRANATA, GERALD
2095 SE JOYNER CIRCLE
PORT ST. LUCIE, FL 34952 US
GRANATA, GERALD
5001 SILVER OAK DRIVE
FT PIERCE, FL 34982 US

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: GERALD GRANATA 07/10/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P
 ( ) Delete
 Title:
 P
 ( X) Change ( ) Addition

 Name:
 SCULLANS, JAMES
 Name:
 SCULLANS, JAMES

 Address:
 2095 SE JOYNER CIRCLE
 Address:
 5001 SILVER OAK DRIVE

 City-St-Zip:
 PORT ST. LUCIE, FL 34952
 City-St-Zip:
 FT PIERCE, FL 34982

Title: S () Delete Title: S (X) Change () Addition Name: GRANATA, GERALD Name: GRANATA, GERALD

Address: 2095 SE JOYNER CIRCLE Address: 5001 SILVER OAK DRIVE
City-St-Zip: PORT ST. LUCIE, FL 34952 City-St-Zip: FT PIERCE, FL 34982

Title: T ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 GROTZ, ROBERT
 Name:

 Address:
 1882 SW CAPEHART AVE.
 Address:

 City-St-Zip:
 PORT ST. LUCIE, FL 34953
 City-St-Zip:

Title: D ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 ROOKSBERRY, CHARLES
 Name:

 Address:
 551 NW HAVEN ST.
 Address:

 City-St-Zip:
 PORT ST. LUCIE, FL 34983
 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: GERALD GRANATA S 07/10/2009