

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000005038

FILED
Jan 11, 2009
Secretary of State

Entity Name: AMRA TREASURE COAST CHAPTER 34-1, INC.

Current Principal Place of Business:

1150 SW CALIFORNIA BLVD.
PORT ST. LUCIE, FL 34953

New Principal Place of Business:

Current Mailing Address:

1150 SW CALIFORNIA BLVD.
PORT ST. LUCIE, FL 34953

New Mailing Address:

FEI Number: 26-2441120

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAVALLE, CATHERINE L
567 SE BROOKSIDE TERRACE
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: P () Delete
Name: LAVALLE, CATHERINE L
Address: 567 SE BROOKSIDE TERRACE
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: VP () Delete
Name: KNEPSHIELD, RONALD K
Address: 1919 SW BEAUREGARD STREET
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: S () Delete
Name: WISE, KENNETH
Address: 147 RIO MAR DR.
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: T () Delete
Name: JOCK, MAVIS E
Address: 5546 SCEPTER DR.
City-St-Zip: PORT ST. LUCIE, FL 34983

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change () Addition
Name: JOHNSON, DURRELL
Address: 3922 LAIDLAW STREET
City-St-Zip: PORT ST. LUCIE, FL 34953

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: CATHERINE L. LA VALLE

P

01/11/2009

Electronic Signature of Signing Officer or Director

Date