

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000005106

FILED  
Mar 21, 2009  
Secretary of State

Entity Name: TREASURE COAST GENEALOGICAL SOCIETY, INC.

**Current Principal Place of Business:**

1713 FRANCES COURT  
FORT PIERCE, FL 34949

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 12582  
FORT PIERCE, FL 34979

**New Mailing Address:**

FEI Number: 65-0055005      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

HUDSON, LINDA W  
1713 FRANCES COURT  
FORT PIERCE, FL 34949      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: GIORDANO, PAT  
Address: 118 EUGENIA COURT  
City-St-Zip: FORT PIERCE, FL 34949

Title: VP ( ) Delete  
Name: HINTZ, HELEN  
Address: 1882 SW AIROSA BLVD.  
City-St-Zip: PORT ST. LUCIE, FL 34984

Title: RSEC ( ) Delete  
Name: BROWNING, KATHLEEN  
Address: 2818 THREE WOOD DRIVE  
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: CSEC ( ) Delete  
Name: WILSON, JEAN ELLEN  
Address: 1611 SURFSIDE DRIVE  
City-St-Zip: FORT PIERCE, FL 34949

Title: TREA ( ) Delete  
Name: HUDSON, LINDA W  
Address: 1713 FRANCES COURT  
City-St-Zip: FORT PIERCE, FL 34949

**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:

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: LINDA W. HUDSON

TREA

03/21/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date