

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000008878

FILED  
Mar 09, 2009  
Secretary of State

**Entity Name:** TREASURE COAST CONVENTION OF NARCOTICS ANONYMOUS, INC

**Current Principal Place of Business:**

1742 SE BALMORAL CT.  
PORT ST. LUCIE, FL 34952

**New Principal Place of Business:**

**Current Mailing Address:**

1742 SE BALMORAL CT.  
PORT ST. LUCIE, FL 34952

**New Mailing Address:**

PO BOX 1788  
STUART, FL 34995

FEI Number: 26-3416472

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

HURLEY, CHAD  
1742 SE BALMORAL CT.  
PORT ST. LUCIE, FL 34952 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: C ( ) Delete  
Name: HURLEY, CHAD  
Address: 1742 SE BALMORAL CT.  
City-St-Zip: PORT ST. LUCIE, FL 34952

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: T ( ) Change (X) Addition  
Name: HOLMES, OSA J  
Address: PO BOX 1788  
City-St-Zip: STUART, FL 34995 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: OSA J HOLMES

T

03/09/2009

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

\_\_\_\_\_  
Date