

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000008878

**FILED**  
**Jan 21, 2010**  
**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:**

PO BOX 1788  
STUART, FL 34995

**New Mailing Address:**

**FEI Number:** 26-3416472

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

**Title:** T  
**Name:** HOLMES, OSA J  
**Address:** PO BOX 1788  
**City-St-Zip:** STUART, FL 34995 US

I hereby 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 all other like empowered.

**SIGNATURE:** OSA J HOLMES

TREA

01/21/2010

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

\_\_\_\_\_  
Date