

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010599

FILED  
Apr 22, 2009  
Secretary of State

**Entity Name:** TREASURE COAST CHRISTIAN CENTER, INC.

**Current Principal Place of Business:**

753 PRIMA VISTA BLVD  
PORT SAINT LUCIE, FL 34952

**New Principal Place of Business:**

590 PEACOCK BLVD  
PORT SAINT LUCIE, FL 34952

**Current Mailing Address:**

753 PRIMA VISTA BLVD  
PORT SAINT LUCIE, FL 34952

**New Mailing Address:**

FEI Number: 26-3796167      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

GRANTHAM, WARREN D  
1409 S KIRKMAN RD #2040  
ORLANDO, FL 32811 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: D ( ) Delete  
Name: ARTHUR, ANDREW  
Address: 753 PRIMA VISTA BLVD  
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: D ( ) Delete  
Name: GRANTHAM, WARREN D  
Address: 1409 S KIRKMAN RD #2040  
City-St-Zip: ORLANDO, FL 32811

Title: D ( ) Delete  
Name: CARTER, PEARL DR.  
Address: 232 LAKE MERYL DR, GOLDEN LAKE VILLAGE  
City-St-Zip: WEST PALM BEACH, FL 33411

**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:

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: WARREN GRANTHAM

D

04/22/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date