

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000008873

**FILED**  
**Jan 11, 2012**  
**Secretary of State**

**Entity Name:** MORE 2 LIFE MINISTRIES TREASURE COAST, INC.

**Current Principal Place of Business:**

8557 S FEDERAL HWY  
PORT ST LUCIE, FL 34952

**New Principal Place of Business:**

1470 SE HUFFMAN RD.  
PORT ST LUCIE, FL 34952

**Current Mailing Address:**

PO BOX 7151  
PORT ST. LUCIE, FL 34985

**New Mailing Address:**

FEI Number: 80-0479290

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

JOLICOEUR, LEE M  
8557 S. FEDERAL HWY  
PORT ST. LUCIE, FL 34952 US

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

JOLICOEUR, LEE M  
1470 SE HUFFMAN RD.  
PORT ST. LUCIE, FL 34952 US

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

01/11/2012

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: JOLICOEUR, LEE M  
Address: 408 SW 18TH STREET  
City-St-Zip: OKEECHOBEE, FL 34974

Title: VP  
Name: ASPDEN, RICHARD G  
Address: 2157 NE 7TH STREET  
City-St-Zip: OKEECHOBEE, FL 34972

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: RICHARD ASPDEN

VP

01/11/2012

Electronic Signature of Signing Officer or Director

Date