

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000001364

FILED  
Feb 15, 2011  
Secretary of State

**Entity Name:** TREASURE COAST INTERNATIONAL FILM FESTIVAL, INC.

**Current Principal Place of Business:**

1918 S.E. CARVALHO STREET  
PORT ST. LUCIE, FL 34983

**New Principal Place of Business:**

**Current Mailing Address:**

1918 S.E. CARVALHO STREET  
PORT ST. LUCIE, FL 34983

**New Mailing Address:**

**FEI Number:** 27-1225625

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GAROFALO, JOSE  
1918 S.E. CARVALHO STREET  
PORT ST. LUCIE, FL 34983 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:** PRES  
**Name:** GAROFALO, JOSE  
**Address:** 1918 S.E. CARVALHO STREET  
**City-St-Zip:** PORT ST. LUCIE, FL 34983 US

**Title:** DIRE  
**Name:** ROLDAN, ROBERT  
**Address:** 6547 N.W. CHUGWATER CIRCLE  
**City-St-Zip:** PORT ST. LUCIE, FL 34985 US

**Title:** DIRE  
**Name:** COOPER, BRENDA M  
**Address:** 5838 HONEYBELL COURT  
**City-St-Zip:** FORT PIERCE, FL 34982 US

**Title:** DIRE  
**Name:** GAROFALO, EVA  
**Address:** 1918 S.E. CARVALHO STREET  
**City-St-Zip:** PORT ST. LUCIE, FL 34983 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:** JOSE GAROFALO

PRES

02/15/2011

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

\_\_\_\_\_  
Date