

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000002806

**FILED**  
**Jan 08, 2012**  
**Secretary of State**

**Entity Name:** TREASURE COAST COMMUNITY COUNSELING & COACHING CENTER, INC.

**Current Principal Place of Business:**

322 GEORGIA AVENUE  
STUART, FL 34994

**New Principal Place of Business:**

**Current Mailing Address:**

322 GEORGIA AVENUE  
STUART, FL 34994

**New Mailing Address:**

**FEI Number:** 27-5399248

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HASTON, GENARIS  
1213 ROSEGATE BLVD.  
RIVIERA BEACH, FL 33404 US

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

HASTON, GENARIS  
322 GEORGIA AVENUE  
STUART, FL 34994 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

01/08/2012

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: ANDERSON, CHARLES  
Address: 5221 SE GREAT POCKET TRAIL  
City-St-Zip: STUART, FL 34997

Title: D  
Name: PONN, RICARD  
Address: 1750 SE DARLING STREET  
City-St-Zip: STUART, FL 34997

Title: D  
Name: JOHNSON, CANDY  
Address: 45 SE BEECH TREE LANE  
City-St-Zip: STUART, FL 34994

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 PONN

PRES

01/08/2012

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

\_\_\_\_\_  
Date