2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 12, 2012
Secretary of State

DOCUMENT# N11000009032

Entity Name: TREASURE COAST DOWN SYNDROME AWARENESS SUPPORT GROUP, INC.

Current Principal Place of Business:

8643 SE SEAGRAPE WAY
HOBE SOUND, FL 33455

New Principal Place of Business:

Current Mailing Address:

8643 SE SEAGRAPE WAY
HOBE SOUND, FL 33455

New Mailing Address:

FEI Number: 26-3392142 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COLEMAN, SANDRA
8643 SE SEAGRAPE WAY
HOBE SOUND, FL 33455 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: DP
Name: COLEMAN, SANDRA
Address: 8643 SE SEAGRAPE WAY
City-St-Zip: HOBE SOUND, FL 33455

Title: DVP
Name: BARNARD, EDWARD
Address: 7940 SE SHENANDOAH DR
City-St-Zip: HOBE SOUND, FL 33455

Title: DT
Name: FROST, LAURIE
Address: 5153 SE TALL PINES WAY
City-St-Zip: STUART, FL 34997

Title: DS
Name: BEURRIER, PAULETTE
Address: 808 SE KRUGER PKWY
City-St-Zip: STUART, FL 34996

Title: D
Name: GREENBERG, RANDI
Address: 1974 SW ST ANDREWS DR
City-St-Zip: PALM CITY, FL 34990

Title: D
Name: COLEMAN, AARON
Address: 8643 SE SEAGRAPE WAY
City-St-Zip: HOBE SOUND, FL 33455

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: SANDRA E. COLEMAN MRS. 06/12/2012
Electronic Signature of Signing Officer or Director Date