

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

DOCUMENT# N11000010852

**FILED**  
**Mar 27, 2012**  
**Secretary of State**

**Entity Name:** TREASURE COAST CASTERS, INC.

**Current Principal Place of Business:**

347 KAYE STREET  
FORT PIERCE, FL 34947 US

**New Principal Place of Business:**

**Current Mailing Address:**

347 KAYE STREET  
FORT PIERCE, FL 34947 US

**New Mailing Address:**

**FEI Number:** 45-3856592

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WARD, CAMMIE L  
347 KAYE STREET  
FORT PIERCE, FL 34947 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:** P  
**Name:** WARD, CAMMIE L  
**Address:** 347 KAYE STREET  
**City-St-Zip:** FORT PIERCE, FL 34947 US

**Title:** VP  
**Name:** WARD, JOSEPH L  
**Address:** 347 KAYE STREET  
**City-St-Zip:** FORT PIERCE, FL 34947 US

**Title:** TRES  
**Name:** WARD, TAMATHY L  
**Address:** 521 SUNRISE DR  
**City-St-Zip:** FORT PIERCE, FL 34945 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:** TAMATHY L WARD

TRES

03/27/2012

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

\_\_\_\_\_  
Date