

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000011253

FILED  
Feb 06, 2012  
Secretary of State

**Entity Name:** TREASURE COAST COLLEGE OF FINE ARTS, INC.

**Current Principal Place of Business:**

2331 PINECREST LAKES BLVD  
JENSEN BEACH, FL 34957

**New Principal Place of Business:**

631 SE CLMOSO DRIVE  
PORT ST. LUCIE, FL 34983

**Current Mailing Address:**

631 SE CALMOSO DR  
PORT ST LUCIE, FL 349832249

**New Mailing Address:**

631 SE CLMOSO DRIVE  
PORT ST. LUCIE, FL 34983

**FEI Number:** 45-3938389

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

JEWETT, DOUGLAS P  
2331 PINECREST LAKES BLVD  
JENSEN BEACH, FL 34957 US

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

WEITKAMP, CAROLYN F  
631 SE CALMOSO DRIVE  
PORT ST. LUCIE, FL 34983 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: CAROLYN F. WEITKAMP

02/06/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: C  
Name: JEWETT, DOUGLAS P  
Address: 2331 PINECREST LAKES BLVD  
City-St-Zip: JENSEN BEACH, FL 34957

Title: D  
Name: MCNIEL, ANDREW  
Address: 1873 SE GASKINS CIRCLE  
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: D  
Name: KRIEGER, TIMOTHY  
Address: 1182 SW GOODMAN AVE  
City-St-Zip: PORT ST LUCIE, FL 349531433

Title: S  
Name: WEITKAMP, CAROLYN  
Address: 631 SE CALMOSO DRIVE  
City-St-Zip: PORT ST LUCIE, FL 34983

Title: D  
Name: MARCUM, ELLEN  
Address: 193 SE RIVER BEND STREET  
City-St-Zip: STUART, FL 34997

Title: D  
Name: BARBER, TERRANCE  
Address: 802 SW LIGHTHOUSE ROAD  
City-St-Zip: PALM CITY, FL 349904507

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: CAROLYN F. WEITKAMP

S

02/06/2012

Electronic Signature of Signing Officer or Director

Date