2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jan 24, 2008
Secretary of State

DOCUMENT# N16639

Entity Name: TREASURE COAST CRIME STOPPERS, INC.

Current Principal Place of Business:

250 NW COUNTRY CLUB DR
PT ST LUCIE, FL 34986

New Principal Place of Business:

Current Mailing Address:

250 NW COUNTRY CLUB DR
PT ST LUCIE, FL 34986

New Mailing Address:

FEI Number: 59-2705081 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILSON, KENNETH
250 NW COUNTRY CLUB DR.
PORT ST. LUCIE, FL 34986 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/D ( ) Delete
Name: BELLANTONI, ROCCO
Address: 250 SW COUNTRY CLUB DR
City-St-Zip: PT ST LUCIE, FL 34986

Title: V/D ( ) Delete
Name: BARTZ, LINDA
Address: 250 COUNTRY CLUB DR.
City-St-Zip: PT ST LUCIE, FL 34986

Title: D ( ) Delete
Name: COLTON, BRUCE
Address: 250 COUNTRY CLUB RD
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: T/D ( ) Delete
Name: CARR, DONNA
Address: 250 NW COUNTRY CLUB DR
City-St-Zip: PT ST LUCIE, FL 34986

Title: S/D ( ) Delete
Name: RUCKS, SUSAN
Address: 250 NW COUNTRY CLUB DR
City-St-Zip: PT. ST. LUCIE, FL 34986

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S/D (X) Change ( ) Addition
Name: YARDLEY, JOHN
Address: 250 NW COUNTRY CLUB DR
City-St-Zip: PT. ST. LUCIE, FL 34986

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: KENNETH WILSON ED 01/24/2008

Electronic Signature of Signing Officer or Director — Date