

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16639

FILED  
Jan 21, 2009  
Secretary of State

**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: YARDLEY, JOHN  
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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

R/A

01/21/2009

Electronic Signature of Signing Officer or Director

Date