

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N20817 (5)
1. Corporation Name
TREASURE COAST ADVERTISING FEDERATION, INC.

Principal Place of Business Mailing Address
P O BOX 4477 P O BOX 4477
FORT PIERCE FL 34948-4477 FORT PIERCE FL 34948-4477

FILED
Aug 12 1997 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		05/26/1987		10/28/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		65-0067802		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
Zip		Country		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		Yes No	
24		25		29		30	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAVIS, JUDY
1476 28TH AVE
VERO BCH FL 32980

81 Name DORIS BURNS-McLAUGHLIN
82 Street Address (P.O. Box Number is Not Acceptable)
100 AVE A
83 Suite 2-C
84 City FT PIERCE FL 85 Zip Code 34950

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Doris Burns-McLaughlin Doris Burns-McLaughlin Treasurer 8/8/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	☐ DELETE		1.1 TITLE	D	☒ Change ☐ Addition	
NAME	BALLINGER, MIKE			1.2 NAME	Ballinger, Mike		
STREET ADDRESS	1939 S. FEDERAL HWY			1.3 STREET ADDRESS	1939 S. Federal Hwy		
CITY-ST-ZIP	STUART FL 34994			1.4 CITY-ST-ZIP	Stuart, FL 34994		
TITLE	VPD	☐ DELETE		2.1 TITLE	PD	☒ Change ☐ Addition	
NAME	PINE, JON			2.2 NAME	PINE, JON		
STREET ADDRESS	2801 OCEAN DR., #304			2.3 STREET ADDRESS	3055 Cardinal Dr., suite 200		
CITY-ST-ZIP	VERO BEACH FL 32963			2.4 CITY-ST-ZIP	Vero Beach, FL 32963		
TITLE	VPD	☐ DELETE		3.1 TITLE		☐ Change ☐ Addition	
NAME	JETTINHOFF, DIANE			3.2 NAME			
STREET ADDRESS	P.O. BOX 342 N/A			3.3 STREET ADDRESS			
CITY-ST-ZIP	HOBE SOUND FL 33475			3.4 CITY-ST-ZIP			
TITLE	D	☒ DELETE		4.1 TITLE		☐ Change ☐ Addition	
NAME	BRIDGES, PAT			4.2 NAME			
STREET ADDRESS	1939 E FEDERAL HWY			4.3 STREET ADDRESS			
CITY-ST-ZIP	STUART FL 34994			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE		5.1 TITLE	VPD	☐ Change ☒ Addition	
NAME				5.2 NAME	Terry Hurtt		
STREET ADDRESS				5.3 STREET ADDRESS	928 Central Parkway		
CITY-ST-ZIP				5.4 CITY-ST-ZIP	Stuart, FL 34994		
TITLE		☐ DELETE		6.1 TITLE		☐ Change ☐ Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 unchanged, or on an attachment with an address.

SIGNATURE SIGNATURE REQUIRED 8/4/97 541-734 am

CR2E037 (4/97)