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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N20817**

1. Corporation Name
TREASURE COAST ADVERTISING FEDERATION, INC.

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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualifed
05/26/1987

4. FEI Number
65-0067802
☐ Applied For
☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

BURNS-MCLAUGHLIN, DORIS
100 AVE A
SUITE 2-C
FT PIERCE FL 34950

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BALLINGER, MIKE		1.2 NAME		
STREET ADDRESS	1939 S. FEDERAL HWY		1.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL		1.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE	D	☒ Change ☐ Addition
NAME	PINE, JON		2.2 NAME	PINE, JON	
STREET ADDRESS	3055 CARDINAL DR., SUITE 200		2.3 STREET ADDRESS	3055 Cardinal Dr., Suite 200	
CITY-ST-ZIP	VERO BEACH FL		2.4 CITY-ST-ZIP	Vero Beach, FL 32960	
TITLE	VPD	☐ DELETE	3.1 TITLE	PD	☒ Change ☐ Addition
NAME	JETTINHOFF, DIANE		3.2 NAME	Jettinghoff, Diane	
STREET ADDRESS	P.O. BOX 342 N/A		3.3 STREET ADDRESS	8326 SE Pinehaven Ave	
CITY-ST-ZIP	HOBE SOUND FL 33475		3.4 CITY-ST-ZIP	Hobe Sound, FL 33455	
TITLE		☐ DELETE	4.1 TITLE	VPD	☐ Change ☒ Addition
NAME			4. 2 NAME	Mazzota, Jason	
STREET ADDRESS			4.3 STREET ADDRESS	7886 SW. Ellipse Way	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Stuart, FL 34997	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Doris Burns-McLaughlin Doris Burns-McLaughlin 3/25/99 561-465-4654
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

007213
CR2E037 (11/98)