

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22250

FILED
Jan 05, 2010
Secretary of State

Entity Name: TREASURE COAST BUILDERS ASSOCIATION CHARITABLE FUND, INC.

Current Principal Place of Business:

C/O GAIL KAVANAGH
6560 SOUTH FEDERAL HIGHWAY
PORT ST LUCIE, FL 34952

New Principal Place of Business:

Current Mailing Address:

C/O GAIL KAVANAGH
6560 SOUTH FEDERAL HIGHWAY
PORT ST LUCIE, FL 34952

New Mailing Address:

FEI Number: 65-0008825

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KAVANAGH, GAIL
6560 SOUTH FEDERAL HIGHWAY
PORT ST. LUCIE, FL 34952 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: VD
Name: KELLEHER, CHRISTINA
Address: 5488 SW LONGSPUR LANE
City-St-Zip: PALM CITY, FL 34990

Title: VD
Name: JOHNSON, ERIC
Address: 419 NE BAKER ST
City-St-Zip: STUART, FL 34994

Title: TD
Name: CIARAVINO, JOE
Address: 2160 NW RESERVE PARK TRACE
City-St-Zip: PORT ST LUCIE, FL 34986

Title: PPD
Name: SORENSON, CHRIS
Address: 8620 SE SABAL STREET
City-St-Zip: HOBE SOUND, FL 33455

Title: PD
Name: SCHLITT, GREG
Address: P O BOX 650297
City-St-Zip: VERO BEACH, FL 32965

Title: SD
Name: HALL, CINDY
Address: 1069 NE CRESCENT ST
City-St-Zip: JENSEN BEACH, FL 34957

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: GREG SCHLITT

PD

01/05/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date