

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90330 027 \*\*\*\*61.25

**DOCUMENT # N22341**

1. Entity Name

TREASURE COAST PLANNED GIVING COUNCIL, INC.



Principal Place of Business

900 S. FEDERAL HWY  
SUITE 325  
STUART FL 34994

Mailing Address

PO BOX 335  
STUART FL 34995



2. Principal Place of Business

231 MESSLER DR.  
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

1st MOORE CR2E037 (10/04)

City & State

STUART, FL

City & State

4. FEI Number

65-1120370

Applied For

Not Applicable

Zip

34994

Country

UNITED STATES

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CAMPO, JAMES  
900 S. FEDERAL HWY  
SUITE 325  
STUART FL 34994

7. Name and Address of New Registered Agent

Name

BROOK D. SHEPARD

Street Address (P.O. Box Number is Not Acceptable)

231 MESSLER DR.

City

STUART

FL

Zip Code

34994

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

BROOK D. SHEPARD

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4.21.05

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE VD  
NAME HICKS-CONNORS, ROBIN CFRE ☐ Delete  
STREET ADDRESS 825 NE OCEAN BLVD.  
CITY-ST-ZIP STUART FL 34996

TITLE D ☒ Delete  
NAME DAWN, PAT  
STREET ADDRESS 50 KINDRED STREET, STE. #207  
CITY-ST-ZIP STUART FL 34994

TITLE SD ☐ Delete  
NAME RICHARDSON, DOYLE JD  
STREET ADDRESS 1000 MONTEREY COMMONS BLVD., STE. #202  
CITY-ST-ZIP STUART FL 34994

TITLE TD ☐ Delete  
NAME SHEPARD, BROOK  
STREET ADDRESS 815 COLORADO  
CITY-ST-ZIP STUART FL 34994

TITLE PD ☒ Delete  
NAME CAMPO, JAMES  
STREET ADDRESS 900 S FED HWY, SUITE 325  
CITY-ST-ZIP STUART FL 34994

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PRESIDENT ☒ Change ☐ Addition  
NAME HICKS-CONNORS, ROBIN CFRE  
STREET ADDRESS 825 NE OCEAN BLVD  
CITY-ST-ZIP STUART, FL 34996

TITLE SECRETARY ☐ Change ☐ Addition  
NAME JOHNSON, DEBORAH CFRE  
STREET ADDRESS 1300 EAST 10TH ST.  
CITY-ST-ZIP STUART, FL 34996

TITLE VICE PRESIDENT ☒ Change ☐ Addition  
NAME RICHARDSON, DOYLE  
STREET ADDRESS 1000 MONTEREY COMMONS BLVD STE #202  
CITY-ST-ZIP STUART, FL 34994

TITLE TD ☒ Change ☐ Addition  
NAME SHEPARD, BROOK  
STREET ADDRESS 231 MESSLER DR.  
CITY-ST-ZIP STUART, FL 34994

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/05

772-692-2282