2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 14, 2006 8:00 am **Secretary of State** DOCUMENT # N22341 1. Entity Name 03-14-2006 90018 002 ****61.25 TREASURE COAST PLANNED GIVING COUNCIL, INC. Principal Place of Business Mailing Address PO BOX 335 STUART FL 34995 231 MESSLER DRIVE STUART FL 34994 2. Principal Place of Business 3. Mailing Address 2135 E. Ocean Blod Suite, Apt. #, etc 1st MOORE CR2E037 (10/05) Oty & State City & State Applied For 4. FEI Number 65-1120370 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SHEPARD, BROOK D 231 MESSLER DRIVE Street Address (P.O. Box Number is Not Acceptable) STUART FL 34994 City 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. Lam familiar the obligations of registered agent SIGNATURE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Due By May 1, 2006 Trust Fund Contribution Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 VŊ Duleto TITLE HILE $\mathcal{L}_{\mathcal{N}}$ Addition ☐ Change HICKS-CONNORS, ROBIN CFRE NAMI-Ellen Peitz 825 NE OCEAN BLVD. STREET ADDRESS STREET ADDRESS 1650 S. Kanner Hwy STUART FL 34996 CITY-ST-ZIP CITY-ST-ZIP Stuart. Delete TITLE TITLE ☐ Change Addition NAME RICHARDSON, DOYLE NAME Bonnie Ares 1071 E. 10Th S 1000 MONTEREY COMMONS BLVD. STE 202 STREET ADDRESS STREET ADDRESS STUART FL 34994 CITY-ST-ZIP CITY-ST-ZIP TITLE SD ☐ Delete TITLE □ Change ☐ Addition JOHNSON, DEBORAH NAME NAME STREET ADDRESS 1300 EAST 10TH ST STREET ADDRESS CITY-ST-7IP STUART FL 34996 CITY-ST-ZIP Tracy Shutt 2135 E. Ocean Strack TD TITLE Delete TITLE Change Addition NAME SHEPARD, BROOK NAME Blud. STREET ADDRESS 231 MESSELER DR STREET ADDRESS STUART FL 34994 CITY-ST-ZIP CITY-ST-ZIP mart. Fr PD Delete ☐ Change TO Addition HICKS-CONNOR, ROBIN NAME Glenna De Michael NAME 825 NE OCEAN BLVD STREET ADDRESS STREET ADDRESS Box 305 nen Brach STUART FL 34996 CITY-ST-ZIP CITY - ST- ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

FILED