


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 05, 2008 8:00 am
Secretary of State

06-05-2008 90003 008 ****61.25

DOCUMENT # N22341 1. Entity Name TREASURE COAST PLANNED GIVING COUNCIL, INC.					
Principal Place of Business 1300 EAST TENTH STREET STUART, FL 34996			Mailing Address PO BOX 335 STUART, FL 34995		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address SAME			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-1120370	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JOHNSON, DEBORAH M 1300 EAST TENTH STREET STUART, FL 34996			7. Name and Address of New Registered Agent Name THOM A. WOLEK GRAND BANK & TRUST OF FLORIDA Street Address (P.O. Box Number is Not Acceptable) 1722 SW ST LUCIE WEST BLVD City PORT ST LUCIE FL Zip Code 34986		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PEITZ, ELLEN 825 NE OCEAN BLVD. STUART, FL 34996	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JAMES CAMPO, CFP 3601 SE OCEAN BLVD. STE 100 STUART, FL 34996
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCVEIGH, SUE 729 S. FEDERAL HIGHWAY #300 STUART, FL 34994	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER THOM A. WOLEK, CFP 1722 SW ST LUCIE WEST BLVD PORT ST LUCIE, FL 34986
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES JOHNSON, DEBORAH 1300 EAST 10TH ST STUART, FL 34996	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT 12350 SE FEDERAL HWY HOBE SOUND, FL 33455
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BRINK, RUSTY 2135 E OCEAN BLVD STUART, FL 34996	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: _____ 6/2/08 772-341-6657 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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