

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22341

FILED
Jan 21, 2009
Secretary of State

Entity Name: TREASURE COAST PLANNED GIVING COUNCIL, INC.

Current Principal Place of Business:

1300 EAST TENTH STREET
STUART, FL 34996

New Principal Place of Business:

3601 SE OCEAN BLVD
SUITE 100
STUART, FL 34996

Current Mailing Address:

PO BOX 335
STUART, FL 34995

New Mailing Address:

FEI Number: 65-1120370

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRAND BANK & TRUST OF FLORIDA
THOM A. WOLEK
1722 SW ST LUCIE WEST BLVD
PORT SAINT LUCIE, FL 34986 US

Name and Address of New Registered Agent:

SEASIDE NATIONAL BANK & TRUST
THOM A. WOLEK
309 SE OSCEOLA BLVD., SUITE 106
STUART, FL 34996 US

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: JAMES CAMPO

01/21/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CAMPO, JAMES CFP
Address: 3601 SE OCEAN BLVD., STE 100
City-St-Zip: STUART, FL 34996

Title: T () Delete
Name: WOLEK, THOM A CFTA
Address: 1722 SW ST LUCIE WEST BLVD
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: VP (X) Delete
Name: JOHNSON, DEBORAH
Address: 12350 SE FEDERAL HWY
City-St-Zip: HOBE SOUND, FL 33455

Title: VP (X) Delete
Name: BRINK, RUSTY
Address: 2135 E OCEAN BLVD
City-St-Zip: STUART, FL 34996

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: WOLEK, THOM A CFTA
Address: 309 SE OSCEOLA BLVD, SUITE 106
City-St-Zip: STUART, FL 34994

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JAMES CAMPO

P

01/21/2009

Electronic Signature of Signing Officer or Director

Date