

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22341

FILED  
May 03, 2010  
Secretary of State

**Entity Name:** TREASURE COAST PLANNED GIVING COUNCIL, INC.

**Current Principal Place of Business:**

3601 SE OCEAN BLVD  
SUITE 100  
STUART, FL 34996

**New Principal Place of Business:**

800 SE MONTEREY COMMONS BLVD  
SUITE 102  
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 ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

WOLEK, THOM A  
401 SW JEFFERSON CIRCLE  
PORT SAINT LUCIE, FL 34986 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: THOM A. WOLEK

05/03/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: QUINLAN, RONALD, JR P CFP  
Address: 800 SE MONTEREY COMMONS BLVD, STE 102  
City-St-Zip: STUART, FL 34996

Title: T  
Name: WOLEK, THOM A CTFA  
Address: 309 SE OSCEOLA BLVD, SUITE 106  
City-St-Zip: STUART, FL 34994

Title: S  
Name: HICKS, APRIL  
Address: 33 FLAGLER AVENUE  
City-St-Zip: STUART, FL 34994

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: RONALD P. QUINLAN, JR.

P

05/03/2010

Electronic Signature of Signing Officer or Director

Date