

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N22341

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

800 SE MONTEREY COMMONS BLVD  
SUITE 102  
STUART, FL 34996

**New Principal Place of Business:**

**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:**

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

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

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: \_\_\_\_\_

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

04/29/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date