

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N22580 (7)
1. Corporation Name
TREASURE COAST HARVESTING ASSOCIATION, INC.



Principal Place of Business
**8500 ORANGE AVE EXT
P.O. BOX 1442 (ZIP 34954)
FT. PIERCE FL 34954**

Mailing Address
**8500 ORANGE AVE EXT
P.O. BOX 1442 (ZIP 34954)
FT. PIERCE FL 34954**

3. Date Incorporated or Qualified
09/18/1987

3a. Date of Last Report
02/22/1995

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-2851380		Applied For <input type="checkbox"/> Not Applicable	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22. City & State		27. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23. Zip		28. Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24. Country		29. Country		30. Country			

9. Name and Address of Current Registered Agent

**FOWLER, MICHAEL D.
1905 SOUTH 25TH STREET
FT. PIERCE FL 34947**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	FL
85. Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BECKLEY, JAMES M.	12 NAME	
STREET ADDRESS	901 PAINTED BUNTING LN	13 STREET ADDRESS	
CITY-ST-ZIP	VERO BCH FL	14 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEMPSEY, DAN	22 NAME	
STREET ADDRESS	2627 S JENKINS RD	23 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL	24 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, JAMES HENRY	32 NAME	
STREET ADDRESS	2704 AVE R	33 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL	34 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOELKE, DENNIS	42 NAME	
STREET ADDRESS	1300 HARTMAN RD	43 STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE FL	44 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORDEY, JAMES (Gordy, correct spell)	52 NAME	
STREET ADDRESS	500 PULTZER RD	53 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL	54 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VARN, BOB	62 NAME	
STREET ADDRESS	P.O. BOX 550	63 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/30/96 **407-468-0730**
Date Daytime Phone #

CR2E037 (12/95)