

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 30 AM 10:44

DOCUMENT # N38915 (7)
1. Corporation Name
TREASURE COAST COMMUNITY AIDS NETWORK, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
POST OFFICE BOX 1766 POST OFFICE BOX 1766
FORT PIERCE FL 34954 FORT PIERCE FL 34954

3. Date Incorporated or Qualified 07/03/1990 3a. Date of Last Report 05/01/1994
4. FBI Number 65-0228951 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 Zip Country 25 Zip Country 29 Zip Country 30 Zip Country

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STORMS, STACI
1749 S.E. MARIANA RD.
PORT ST. LUCIE FL 34952

81 Name STEPHANIE E. QUIGGS
82 Street Address (P.O. Box Number is Not Acceptable) 160 S. NARANJA AVE.
83
84 City PORT ST. LUCIE FL 85 Zip Code 34983

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Stephanie E. Quiggs
(If not typed or printed name of registered agent and not applicable)

(NOTE: Registered Agent signature required when transacting)

3/24/95
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME CHOMEY, JACK
STREET ADDRESS 1415 41ST AVENUE
CITY - ST - ZIP VERO BEACH FL 34962

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE VD
NAME LOPEZ, ELENA
STREET ADDRESS 1939 SO. FEDERAL HWY.
CITY - ST - ZIP STUART FL 34994

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE SD
NAME SMITH, JAMES
STREET ADDRESS 1095-12TH ST. #3
CITY - ST - ZIP VERO BEACH FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE TD
NAME WATSON, DONNA
STREET ADDRESS 13550 NE 58TH AVE.
CITY - ST - ZIP OKECHOBEE FL 34974

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 (if changed, or on an attachment with an address).

SIGNATURE:

Jack Chomey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/95
DATE

407/562-1881
TELEPHONE