

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 20, 2005 08:00 AM
Secretary of State

DOCUMENT # N93000001312 1. Entity Name TREASURE ISLAND CHARITIES, INC.					
Principal Place of Business 12781 KINGFISH DR. TREASURE ISLAND, FL 33706			Mailing Address 12781 KINGFISH DR. TREASURE ISLAND, FL 33706		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3170845	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent FARNER, TERRY 12781 KINGFISH DR. TREASURE ISLAND, FL 33706				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
8. 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. I am familiar with, and accept the obligations of registered agent.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State		10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
PD FARNER, TERRY 3814-48TH AVENUE SOUTH ST. PETERSBURG, FL 33711		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
T CADDY, LORA 10325 BLOSSOM LAKE DR SEMINOLE, FL 33772		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
D WILLIS, JON 1561 44TH AVE. N.E. ST. PETERSBURG, FL 33703		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
V HUBBARD, MICHAEL 6919 13TH AVE SAINT PETERSBURG, FL 33710		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
T TURNER, JACLYN 311 JULIA CIRCLE N. ST. PETE BEACH, FL 33706		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
S SCADE, VANESSA 2809 PASS A GRILLE WAY SAINT PETERSBURG, FL 33706		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Doyce Mathis</i> <i>Doyce Mathis Exec Dir</i> <i>7-18-2005</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

(727) 363-0071