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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N93000002451 (3)

1. Corporation Name

TREASURE COAST COALITION, INC.



Principal Place of Business

Mailing Address

1322 US HWY ONE
SEBASTIAN FL 32978

1322 US HWY ONE
SEBASTIAN FL 32978

3. Date Incorporated or Qualified
05/25/1993

3a. Date of Last Report
06/09/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FISHER, TAFFI
1322 US HWY ONE
SEBASTIAN FL 32978

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84

VERO BEACH

FL

85

32967

11. Pursuant to the provisions of Sections 617.0502 and 617.0508, 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 DP ☐ DELETE

NAME FISHER-ABT, TAFFI R.
STREET ADDRESS 810 WENTWORTH ST.
CITY- ST- ZIP SEBASTIAN FL

TITLE DVP ☐ DELETE

NAME ABT, MICHAEL C
STREET ADDRESS 810 WENTWORTH ST
CITY- ST- ZIP SEBASTIAN FL

TITLE DST ☐ DELETE

NAME RAMPY, PABLO TIMOTEO
STREET ADDRESS 1936 HARBORTOWN DR
CITY- ST- ZIP FT. PIERCE FL

TITLE D ☐ DELETE

NAME FISHER, MELVIN R.
STREET ADDRESS 200 GREENE ST.
CITY- ST- ZIP KEY WEST FL

TITLE D ☐ DELETE

NAME FISHER, KANE E
STREET ADDRESS 2621 51ST AVE
CITY- ST- ZIP VERO BCH FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

☒ Change ☐ Addition

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96

Daytime Phone #

CR2E037 (12/95)