

FILE NOW: FILING FEE IS \$61.25

FILED

Jun 25 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N93000003431 (4)

1. Corporation Name

FLORIDA'S TREASURE COAST DOLL CLUB, INC.



Principal Place of Business

Mailing Address

P.O. BOX 650152
VERO BCH. FL 32965

P.O. BOX 650152
VERO BCH. FL 32965

3. Date Incorporated or Qualified

07/30/1993

4. FEI Number

43-1527098

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

25

29

30

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PASCH, VIRGINIA
505 22ND AVE
VERO BEACH FL 32962

81 Name

CAVAN, NANCY

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

2945 2ND PL SW

83

84

VERO BEACH

FL

85 Zip Code

32968

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 *Nancy A. Cavan*

Signature, typed or filed 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 PD
NAME PASCH, VIRGINIA
STREET ADDRESS 505 22ND AVE
CITY-ST-ZIP VERO BEACH FL

☒ DELETE

1.1 TITLE PD
1.2 NAME CAVAN, NANCY
1.3 STREET ADDRESS 2945 2ND PL SW
1.4 CITY-ST-ZIP VERO BEACH FL 32968

☒ Change ☐ Addition

TITLE VD
NAME CAVAN, NANCY
STREET ADDRESS 2945 2ND PL SW
CITY-ST-ZIP VERO BCH FL

☒ DELETE

2.1 TITLE VD
2.2 NAME SILK WORTH, MARJORIE
2.3 STREET ADDRESS 415 38TH COURT
2.4 CITY-ST-ZIP VERO BEACH FL 32968

☒ Change ☐ Addition

TITLE SD
NAME BROWN, BILL
STREET ADDRESS 1425 56TH SQ WEST
CITY-ST-ZIP VERO BEACH FL

☒ DELETE

3.1 TITLE SD
3.2 NAME RICHARDS, MARION
3.3 STREET ADDRESS 7300 20TH ST. #519
3.4 CITY-ST-ZIP VERO BEACH, FL 32966

☒ Change ☐ Addition

TITLE T
NAME STRICKLER, ELIZABETH
STREET ADDRESS 113 FRIAR CT
CITY-ST-ZIP SEBASTIAN FL

☒ DELETE

4.1 TITLE T
4.2 NAME OWENS, NORA K.
4.3 STREET ADDRESS 917 STREAMLET AVE
4.4 CITY-ST-ZIP SEBASTIAN FL 32958

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 *John A. ...*

CR2E037 (10/97)