

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90323 008 ****61.25

DOCUMENT # N94000004627

1. Entity Name

**TREASURE COAST ASSOCIATION OF INSURANCE AND
FINANCIAL ADVISORS, INC.**



Principal Place of Business

F.O. BOX 3405
STUART FL 34995

Mailing Address

P.O. BOX 3405
STUART FL 34995

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0416838

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SEALICI, STEVE
1803 S KANNER HWY
STUART FL 34994**

7. Name and Address of New Registered Agent

Name **HART, PAULA**

Street Address (P.O. Box Number is Not Acceptable)
7190 S E FEDERAL HWY, SUITE, 8

City **STUART**

FL

Zip Code
34997

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	SCALICI, STEVE	
STREET ADDRESS	1803 S. KANNER HWY	
CITY-ST-ZIP	STUART FL 34994	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	HART, PAULA	
STREET ADDRESS	7190 SE FEDERAL HWY., SUITE 8	
CITY-ST-ZIP	STUART FL 34997	
TITLE	DT	<input type="checkbox"/> Delete
NAME	GREGORY, WANDA	
STREET ADDRESS	2227 S. KANNER HWY	
CITY-ST-ZIP	STUART FL 34994	
TITLE	PP	<input checked="" type="checkbox"/> Delete
NAME	POE, MORIA H	
STREET ADDRESS	2041 E. OCEAN BLVD	
CITY-ST-ZIP	STUART FL 34996	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HART, PAULA	
STREET ADDRESS	7190 S E FEDERAL HWY, SUITE 8	
CITY-ST-ZIP	STUART, FLORIDA 34997	
TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POE, MORIA H	
STREET ADDRESS	2041 E OCEAN BLVD	
CITY-ST-ZIP	STUART, FLORIDA 34996	
TITLE	DT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREGORY, WANDA	
STREET ADDRESS	2227 S KANNER HWY	
CITY-ST-ZIP	STUART FLORIDA 34994	
TITLE	PP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCALICI, STEVE	
STREET ADDRESS	1803 S KANNER HWY	
CITY-ST-ZIP	STUART FLORIDA 34994	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(i), 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:

Wanda C. Gregory

WANDA C. GREGORY

772-286-1038

4-15-2005

Date

Daytime Phone #