

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90122 029 ****61.25

DOCUMENT # N94000004627 1. Entity Name TREASURE COAST ASSOCIATION OF INSURANCE AND FINANCIAL ADVISORS, INC.					
Principal Place of Business P.O. BOX 3405 STUART, FL 34995			Mailing Address P.O. BOX 3405 STUART, FL 34995		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01122007 Chg-NP CR2E037 (12/06)	
4. FEI Number 65-0416838				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent POE, MORIA H 2041 E. OCEAN BLVD STUART, FL 34996			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 <u>Wanda C. Gregory</u> <i>Wanda C. Gregory</i> <u>1/22/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when re-registering)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POE, MORIA H 2041 E. OCEAN BLVD STUART, FL 34996	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	POE, MORIA H 2041 E. OCEAN BLVD STUART FL 34996
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SANDRA, CECELIA 770 NORTHPOINT PKWY., SUITE 200 WEST PALM BEACH, FL 33407	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SANDRA, Cecelia 770 Northpoint Pkwy Suite 200 West Palm Beach FL 33407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GREGORY, WANDA 2227 S. KANNER HWY STUART, FL 34994	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	GREGORY, WANDA 2227 S. KANNER HWY STUART FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GREGORY, WANDA 2227 S KANNER HWY STUART, FL 34994	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCALICI, STEVE 1803 S KANNER HWY STUART, FL 34994	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	None
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 empowerments.					
SIGNATURE: <u>Wanda C. Gregory</u> <i>Wanda C. Gregory</i> <u>1/22/07</u> <u>772-2861038</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					