

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N94000006156 (3)**

1. Corporation Name

TREASURE COAST CHRISTIAN COMMUNITY CENTER, INC.



Principal Place of Business

Mailing Address

**555 SE CASHMERE BLVD.
PT ST LUCIE FL
US**

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PT ST LUCIE FL
US**

3. Date Incorporated or Qualified **12/16/1994** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip **34986** 25 Country

29 Zip **34986** 30 Country

4. FEI Number **63-0612204** Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STEIER, BETSY
2720 SE BISHOP AVE
PT ST LUCIE FL 34952**

81 Name **Steier, Betsy**
82 Street Address (P.O. Box Number is Not Acceptable) **1181 SE Stewart Pl.**
83
84 City **Port St Lucie FL** 85 Zip Code **34952**

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

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 ☐ DELETE
NAME **D ROBERTS, HAL**
STREET ADDRESS **2401 DADE RD.**
CITY - ST - ZIP **FT. PIERCE FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME **HAL ROBERTS**
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE ☒ DELETE
NAME **D TRAHER, THERESA**
STREET ADDRESS **1662 SE CELLO LANE**
CITY - ST - ZIP **PORT ST. LUCIE FL**

2.1 TITLE ☒ Change ☒ Addition
2.2 NAME **CHAIRMAN**
2.3 STREET ADDRESS **FRANK BEAHM**
2.4 CITY - ST - ZIP **950 SE ALBATROSS AVE. PORT ST LUCIE, FL. 34983**

TITLE ☒ DELETE
NAME **D MAHAN, DON**
STREET ADDRESS **1132 SE SABINA LANE**
CITY - ST - ZIP **PORT ST. LUCIE FL**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **D GENE SUTTON**
3.3 STREET ADDRESS **2321 FREEMAN ST.**
3.4 CITY - ST - ZIP **PORT ST LUCIE, FL. 34953**

TITLE ☒ DELETE
NAME **D CROUSE, CHUCK**
STREET ADDRESS **1834 SW MCALLISTER LANE**
CITY - ST - ZIP **PORT ST. LUCIE FL**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **D MIKE JOHNSON**
4.3 STREET ADDRESS **872 SE SWEETBAY**
4.4 CITY - ST - ZIP **PORT ST LUCIE, FL. 34983**

TITLE ☒ DELETE
NAME **D CROUSE, MICHAEL**
STREET ADDRESS **1834 SW MCALLISTER LANE**
CITY - ST - ZIP **PT. ST. LUCIE FL**

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

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

FRANK BEAHM

Date

Daytime Phone #

0015904

CR2E037 (3/96)