

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 # N95000004399 (0)

1. Corporation Name

TREASURE COAST HOME SCHOOLERS, INC.



Principal Place of Business

738 SW BROADVIEW STREET
PORT ST. LUCIE FL 34983

Mailing Address

POST OFFICE BOX 9131
PORT ST. LUCIE FL 34985-9131

3. Date Incorporated or Qualified
09/13/1995

3a. Date of Last Report

2. Principal Place of Business

21 1885 SW Del Rio Blvd.

Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

23 Port St. Lucie, FL.

Zip

Country

Zip

Country

24 34986

25 USA

29

30

4. FEI Number

65-0621633

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

GOLDSMITH, JAMES R JR
738 SW BROADVIEW STREET
PORT ST. LUCIE FL 34983

10. Name and Address of New Registered Agent

81 Name

Jeanette Bowen

82

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

18606 Kitty Hawk Court

83

84 City

Port St. Lucie

FL

85

Zip Code

34988

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

Jeanette Bowen, Pres.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-27-96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D ☐ Change ☒ Addition

1.2 NAME Jeanette Bowen
1.3 STREET ADDRESS 18606 Kitty Hawk Court
1.4 CITY - ST - ZIP Port St. Lucie, FL. 34988

2.1 TITLE V/D ☐ Change ☒ Addition

2.2 NAME LaWanda Sutherland
2.3 STREET ADDRESS 5902 Sea Grape Dr.
2.4 CITY - ST - ZIP Ft. Pierce, FL. 34982

3.1 TITLE S/D ☐ Change ☒ Addition

3.2 NAME Suzanne Rogers
3.3 STREET ADDRESS 2192 SE Wald Street
3.4 CITY - ST - ZIP Port St. Lucie, FL. 34984

4.1 TITLE T/D ☐ Change ☒ Addition

4.2 NAME Patricia Bateson
4.3 STREET ADDRESS 3014 SW Savona Blvd.
4.4 CITY - ST - ZIP Port St. Lucie, FL. 34953

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 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:

Jeanette Bowen, Pres.

4-27-96

Date

561-468-6154

Daytime Phone #

0015989

CR2E037 (3/96)