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FILED  
Jun 24 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

Mailing Address

1885 SE DEL RIO BLVD.  
PORT ST. LUCIE FL 34986  
US

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

3. Date Incorporated or Qualified  
09/13/1995

3a. Date of Last Report  
08/07/1996

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

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

10. Name and Address of New Registered Agent

BOWEN, JEANETTE  
18806 KITTY HAWK COURT  
PORT ST. LUCIE FL 34988

81 Name

Candy Durham

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

6204 SE Orange Blossom Tr.

84 City

Hobe Sound, FL

FL

85 Zip Code

33455

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

Candy Durham

Candy Durham

6-18-97

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 PD ☒ DELETE

NAME BOWEN, JEANETTE  
STREET ADDRESS 18806 KITTY HAWK COURT  
CITY-ST-ZIP PORT ST. LUCIE FL

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME Candy Durham  
1.3 STREET ADDRESS 6204 SE Orange Blossom Tr.  
1.4 CITY-ST-ZIP Hobe Sound, FL 33455

TITLE VD ☒ DELETE

NAME SUTHERLAND, LAWANDA  
STREET ADDRESS 5902 SEA GRAPE DRIVE  
CITY-ST-ZIP FT. PIERCE FL

2.1 TITLE VD ☒ Change ☐ Addition

2.2 NAME Willis, Inez L.  
2.3 STREET ADDRESS 204 Blairwood trace  
2.4 CITY-ST-ZIP Jensen Beach, FL 34957

TITLE SD ☒ DELETE

NAME ROGERS, SUZANNE  
STREET ADDRESS 2192 SE WALD STREET  
CITY-ST-ZIP PORT ST. LUCIE FL

3.1 TITLE SD ☒ Change ☐ Addition

3.2 NAME Clare Townsend  
3.3 STREET ADDRESS 571 Monica St  
3.4 CITY-ST-ZIP Pt. St. Lucie, FL

TITLE TD ☒ DELETE

NAME BATESON, PATRICIA  
STREET ADDRESS 3014 SW SAVONA BLVD.  
CITY-ST-ZIP PORT ST. LUCIE FL

4.1 TITLE TD ☒ Change ☐ Addition

4.2 NAME Marinko, Linda  
4.3 STREET ADDRESS 338 N.W. Drorman St.  
4.4 CITY-ST-ZIP Pt. St. Lucie, Fla. 34983

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 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.

CR2E037 (9/96)