Applied For

Not Applicable

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N95000004399

1. Corporation Name

TREASURE COAST HOME SCHOOLERS, INC.

Principal Place of Business

Mailing Address

26

27

2a. Mailing Address

Suite, Apt. #, etc.

2001 SE WALTON RD PORT ST. LUCIE FL 34986 US

2. Principal Place of Business

Suite, Apt. #, etc.

22

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

FILED Apr 22, 1999 8:00 am § Secretary of State

04-22-1999 90042 013 ****61.25

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3. Date Incorporated or Qualifed

09/13/1995

65-0621633

4. FEI Number



City & State	9	City & State		5. Certificate of Status Desired	Tee Requir		
23 Zip	Country Zip Cou		Country	6. Election Campaign Financing	\$5.00 Mar		
24	. 25 29 30		¬ .	Trust Fund Contribution Added to Fees			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
		,	81 Name	Linda Marinko		i	
DUDHAM	CANDY		82 Street	Address (P.O. Box Number is Not Acceptable)	61		
DURHAM, CANDY 6204 SE ORANGE BLOSSOM			Street Address (P.O. Box Number is Not Acceptable)				
	UND FL 33455		83				
HODE 30	UND FL 33433	·	84 City		ge Zin Cod	<u> </u>	
		•	84 City	Pt. St. Lucie	FL 1 3498	33	
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 office of Section 61/0503, Florida Statutes.							
7 1. /ha k/ V. 1 + 4/17/99							
SIGNATURE Signature type Or Printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE							
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS			
TITLE	PD	DELETE	1.1 TITLE	PO	Change [Addition	
NAME	DURHAM, CANDY		1.2 NAME	Linda Marinko			
STREET ADDRESS	6204 SE ORANGE BLOSSOM TR	•	1.3 STREET ADDRESS	338 N.W. Dearman St.		-	
CITY-ST-ZIP	HOBE SOUND FL		1.4 CITY-ST-ZIP	Pt. St. Lucie, Fla. 34983			
TITLE .	VD	DELETE	2.1 TITLE	VD	Change [☐ Addition	
NAME	WILLIS, INEZ L.	F	2.2 NAME	Jeanette Baven			
STREET ADDRESS	204 BLAIRWOOD TRACE		2.3 STREET ADDRESS	18606 Kithy Hawk Ct.]	
CITY-ST-ZIP	JENSEN BEACH FL	/	2.4 CITY-ST-ZIP	Pt.St. Lucie, Fl. 34987			
TITLE	SD	☐ DELETE	3.1 TITLE	lsb '	Change [☐ Addition	
NAME,	-STILLFISH, ROBIN		3.2 NAME	Frances March St	~ · ·	.	
STREET ADDRESS	1060 SW DUBOIS AVE	i	3.3 STREET ADDRESS	1621 SE Fairfield St]	
CITY-ST-ZIP	PORT ST. LUCIE FL 34953		3.4. CITY-ST-ZIP	Part St Lucie FL 34983			
TITLE	TD	□ DELETE	4.1 TITLE	TO	Change [☐ Addition	
NAME	MARINKO, LINDA		4. 2 NAME	Lawanda Sutherland			
STREET ADDRESS	338 N.W. DEARMAN ST.		4.3 STREET ADDRESS			}	
CITY-ST-ZIP	PORT ST. LUCIE FL		4.4 CITY-ST-ZIP	Ft. Pierce, FL 34982			
TITLE		☐ DELETE	5.1 TITLE		Change [Addition	
NAME	1		5.2 NAME				
STREET ADDRESS	•		5.3 STREET ADDRESS			ł	
CITY-ST-ZIP			5.4 CITY-ST-ZIP		.		
TITLE .		☐ DELETE	6.1 TITLE		☐ Change (Addition	
NAME.	,		6.2 NAME			Į	
STREET ADDRESS		· I	6.3 STREET ADDRESS			1	
CITY-ST-ZIP	·		6.4 CITY-ST-ZIP		-		
14. I hereby o	pertify that the information supplied with	this filing does not qualify for th	e exemption state	d in Section 119.07(3)(i), Florida Statutes. I furthe	r certify that the infor	rmation	

eiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in chment with an address, with all pither like empowered. indicated on this annual report or supplem officer or director of the corporation or the Block 12 or Block 13 if changed, or on an

561-878-8588