

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005049

FILED
Jan 17, 2007
Secretary of State

Entity Name: TREASURE COAST CHURCH OF GOD (7TH DAY) FELLOWSHIP, INCORPORATED

Current Principal Place of Business:

862 GLENVIEW COURT
PORT ST. LUCIE, FL 34953

New Principal Place of Business:

Current Mailing Address:

PO BOX 880194
PORT SAINT LUCIE, FL 349880194

New Mailing Address:

FEI Number: 57-1014883

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAYNES, LAWRENCE
590 S.W. LUCERO DRIVE
PORT ST. LUCIE, FL 34983 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: BROWN, RALPH A
Address: 4911 EAGLE DRIVE
City-St-Zip: FT PIERCE, FL 34951

Title: T () Delete
Name: KELLY, GLADYS
Address: 2260 S.E. CHARLSTON DR
City-St-Zip: PORT ST LUCIE, FL 34952

Title: T () Delete
Name: FORD, WILBURN
Address: 5509 EVANSTON AVE
City-St-Zip: PORT ST LUCIE, FL 34983

Title: D () Delete
Name: HAYNES, LAWRENCE
Address: 590 S.W. LUCERO DR
City-St-Zip: PORT ST LUCIE, FL 34983

Title: T () Delete
Name: GREEN, ALVA
Address: 1845 23RD PL SW
City-St-Zip: VERO BEACH, FL

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T () Change (X) Addition
Name: JAMES, CORNELIUS
Address: 4530 SW OSCAR CT.
City-St-Zip: PORT ST. LUCIE, FL 34953

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAWRENCE HAYNES

D

01/17/2007

Electronic Signature of Signing Officer or Director

Date