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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000003610

1. Corporation Name

TREASURE COAST LITERARY SOCIETY, INC.

Principal Place of Business

Mailing Address

C/O NORTHERN TRUST BANK
2201 S.E. KINGSWOOD TERRACE
STUART FL 34996

C/O NORTHERN TRUST BANK
2201 S.E. KINGSWOOD TERRACE
STUART FL 34996



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		07/05/1996	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Country		65-0684194	
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SACHER, CHARLES P
2655 LEJEUNE ROAD
SUITE 1101
CORAL GABLES FL 33134

81 Name

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

83

84 City

FL

85 Zip Code

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	PD	1.1 TITLE	
NAME	MASSEY, EDWIN DR.	1.2 NAME	
STREET ADDRESS	3209 VIRGINIA AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL 34981	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	
NAME	WEBER, THOMAS E	2.2 NAME	
STREET ADDRESS	STUART NEWS 1939 S.E. FED. HIGHWAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL 34996	2.4 CITY-ST-ZIP	
TITLE	VPD	3.1 TITLE	
NAME	LEHACH, GEORGE	3.2 NAME	
STREET ADDRESS	2201 S.E. KINGSWOOD TERRACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL 34996	3.4 CITY-ST-ZIP	
TITLE	STD	4.1 TITLE	
NAME	BROWN, BARBARA	4.2 NAME	
STREET ADDRESS	2201 S.E. KINGSWOOD TERRACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL 34996	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 5, 1999

(561) 287-7575

CR2E037 (1/98)