

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # N96000003610

1. Entity Name
TREASURE COAST LITERARY SOCIETY, INC.



Principal Place of Business
**C/O NORTHERN TRUST BANK
2201 S.E. KINGSWOOD TERRACE
STUART, FL 34996**

Mailing Address
**C/O NORTHERN TRUST BANK
2201 S.E. KINGSWOOD TERRACE
STUART, FL 34996**



01072004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0684194** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
MASSEY, EDWIN DR.
3209 VIRGINIA AVENUE
FT. PIERCE, FL 34981**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
WEBER, THOMAS E
STUART NEWS 1939 S.E. FED. HIGHWAY
STUART, FL 34996**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
LEHACH, GEORGE
2201 S.E. KINGSWOOD TERRACE
STUART, FL 34996**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
VALENTINE, JENNIFER
2201 S.E. KINGSWOOD TERRACE
STUART, FL 34996**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**U000000009178
01/20/04-80094-025 61.25**

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jennifer Valentine Jennifer Valentine 1-8-04 772-287-7575

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #