


# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2003 8:00 am**  
**Secretary of State**

02-21-2003 90252 039 \*\*\*\*61.25

<b>DOCUMENT #</b> N96000003610	
<b>1. Entity Name</b> TREASURE COAST LITERARY SOCIETY, INC.	

<b>Principal Place of Business</b> C/O NORTHERN TRUST BANK 2201 S.E. KINGSWOOD TERRACE STUART FL 34996	<b>Mailing Address</b> C/O NORTHERN TRUST BANK 2201 S.E. KINGSWOOD TERRACE STUART FL 34996
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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<b>4. FEI Number</b> 65-0684194	Applied For
	Not Applicable

<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>
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<b>SACHER, CHARLES P</b> <b>2655 LEJEUNE ROAD</b> <b>SUITE 1101</b> <b>CORAL GABLES FL 33134</b>
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<b>7. Name and Address of New Registered Agent</b>
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Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

**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.**

<b>SIGNATURE</b>	<small>Signature, typed or printed name of registered agent and title if applicable.</small>	<small>(NOTE: Registered Agent signature required when reinstating)</small>	<small>DATE</small>
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<b>FILE NOW: FEE IS \$61.25</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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<b>10. OFFICERS AND DIRECTORS</b>	<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>
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<b>TITLE</b> PD <b>NAME</b> MASSEY, EDWIN DR. <b>STREET ADDRESS</b> 3209 VIRGINIA AVENUE <b>CITY-ST-ZIP</b> FT. PIERCE FL 34981	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> VPD <b>NAME</b> WEBER, THOMAS E <b>STREET ADDRESS</b> STUART NEWS 1939 S.E. FED. HIGHWAY <b>CITY-ST-ZIP</b> STUART FL 34996	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> VPD <b>NAME</b> LEHACH, GEORGE <b>STREET ADDRESS</b> 2201 S.E. KINGSWOOD TERRACE <b>CITY-ST-ZIP</b> STUART FL 34996	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> STD <b>NAME</b> VALENTINE, JENNIFER <b>STREET ADDRESS</b> 2201 S.E. KINGSWOOD TERRACE <b>CITY-ST-ZIP</b> STUART FL 34996	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**12. 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 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.**

<b>SIGNATURE:</b> <i>Signature of Edwin Dr. Massey</i>	<b>1-31-03 (172)787-7575</b>
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CR2E037 (10/02)