

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006244

FILED  
Apr 12, 2006  
Secretary of State

**Entity Name:** PARKINSON SELF-HELP GROUP OF THE TREASURE COAST, INC.

**Current Principal Place of Business:**

2607 CHESTERFIELD DR.  
FORT PIERCE, FL 34982

**New Principal Place of Business:**

**Current Mailing Address:**

2607 CHESTERFIELD DR.  
FORT PIERCE, FL 34982

**New Mailing Address:**

**FEI Number:** 52-2083667

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CLAASSEN, D. RICHARD  
2607 CHESTERFIELD DR.  
FORT PIERCE, FL 34982 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: D T ( ) Delete  
Name: CLAASSEN, D. RICHARD  
Address: 2607 CHESTERFIELD DR.  
City-St-Zip: FORT PIERCE, FL 34982

Title: D ( ) Delete  
Name: FUHR, BARBARA  
Address: 600 BALSSAM DR  
City-St-Zip: FORT PIERCE, FL 34949D

Title: P ( ) Delete  
Name: MEADS, ROBERT  
Address: 3401 CORTEZ BLVD.  
City-St-Zip: FORT PIERCE, FL 34981

Title: D ( ) Delete  
Name: BUTLER, HELEN J  
Address: 2909 FIDDLEWOOD CIR  
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: D ( ) Delete  
Name: BUTLER, JAMES T  
Address: 2909 FIDDLEWOOD CIR  
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: D ( ) Delete  
Name: CHASE, EDLYN  
Address: 1753 SE N BLACKWELL DR  
City-St-Zip: PORT SAINT LUCIE, FL 34952

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DTP (X) Change ( ) Addition  
Name: CLAASSEN, D. RICHARD  
Address: 2607 CHESTERFIELD DR.  
City-St-Zip: FORT PIERCE, FL 34982

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

Title: D (X) Change ( ) Addition  
Name: MEADS, ROBERT  
Address: 3401 CORTEZ BLVD.  
City-St-Zip: FORT PIERCE, FL 34981

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

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

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

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: D.RICHARD CLAASSEN

P

04/12/2006

Electronic Signature of Signing Officer or Director

Date