


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90093 014 ****61.25

DOCUMENT # N97000006244 1. Entity Name PARKINSON SELF-HELP GROUP OF THE TREASURE COAST, INC.					
Principal Place of Business 2607 CHESTERFIELD DR. FORT PIERCE FL 34982		Mailing Address 2607 CHESTERFIELD DR. FORT PIERCE FL 34982			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 52-2083667	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CLAASSEN, D. RICHARD 2607 CHESTERFIELD DR. FORT PIERCE FL 34982				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTP CLAASSEN, D. RICHARD 2607 CHESTERFIELD DR. FORT PIERCE FL 34982	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director, Paul Claassen, Lynnwood, WA 98087 3333 148th SW Apt. 227
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FUHR, BARBARA 600 BALSSAM DR FORT PIERCE FL 34-949d	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director, Secreetary Jane Rice 801 E 6th St. Ft. Pierce 34950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEADS, ROBERT 3401 CORTEZ BLVD. FORT PIERCE FL 34981	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUTLER, HELEN J 2909 FIDDLEWOOD CIR PORT SAINT LUCIE FL 34952	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUTLER, JAMES T 2909 FIDDLEWOOD CIR PORT SAINT LUCIE FL 34952	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHASE, EDLYN 1753 SE N BLACKWELL DR PORT SAINT LUCIE FL 34952	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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
D. R. Claassen Ph.D
 2607 Chesterfield Dr.
 Ft. Pierce, FL 34982-5601

ME OF SIGNING OFFICER OR DIRECTOR

4-9-07 1-772-461-3103
 Date Daytime Phone #