

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2008 8:00 am**  
**Secretary of State**

03-14-2008 90035 024 \*\*\*\*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**

40045555



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03122008

Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**52-2083667**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

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

**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.

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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **DTP** ☐ Delete  
NAME **CLAASSEN, D. RICHARD**  
STREET ADDRESS **2607 CHESTERFIELD DR.**  
CITY-ST-ZIP **FORT PIERCE, FL 34982**

TITLE **D** ☐ Delete  
NAME **FUHR, BARBARA**  
STREET ADDRESS **600 BALSSAM DR**  
CITY-ST-ZIP **FORT PIERCE, FL 34949d**

TITLE **D** ☐ Delete  
NAME **MEADS, ROBERT**  
STREET ADDRESS **3401 CORTEZ BLVD.**  
CITY-ST-ZIP **FORT PIERCE, FL 34981**

TITLE **D** ☐ Delete  
NAME **BUTLER, HELEN J**  
STREET ADDRESS **2909 FIDDLEWOOD CIR**  
CITY-ST-ZIP **PORT SAINT LUCIE, FL 34952**

TITLE **D** ☐ Delete  
NAME **BUTLER, JAMES T**  
STREET ADDRESS **2909 FIDDLEWOOD CIR**  
CITY-ST-ZIP **PORT SAINT LUCIE, FL 34952**

TITLE **D** ☒ Delete  
NAME **CHASE, EDLYN**  
STREET ADDRESS **1753 SE N BLACKWELL DR**  
CITY-ST-ZIP **PORT SAINT LUCIE, FL 34952**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **S** ☐ Change ☒ Addition  
NAME **Jayne Rice**  
STREET ADDRESS **4949 N. Highway A 2A**  
CITY-ST-ZIP **Ft. Pierce FL 34950**

TITLE **T** ☐ Change ☒ Addition  
NAME **Paul B. Claassen**  
STREET ADDRESS **3333 148th S.W. Apt. 227**  
CITY-ST-ZIP **Lynnwood, Washington 98087**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #