

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006244

FILED
Jan 09, 2009
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: DTP () 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: D () 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: S () Delete
Name: RICE, JAYNE
Address: 4949 N HWY A1A
City-St-Zip: FORT PIERCE, FL 34950

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: EDP (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: DT (X) Change () Addition
Name: CLAASSEN, PAUL D
Address: 3333 148TH S.W. APT 227
City-St-Zip: LYNNWOOD, WA 98087

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 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

EDP

01/09/2009

Electronic Signature of Signing Officer or Director

Date