

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000006244

**FILED**  
**Feb 04, 2010**  
**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:** EDP  
**Name:** CLAASSEN, D. RICHARD  
**Address:** 2607 CHESTERFIELD DR.  
**City-St-Zip:** FORT PIERCE, FL 34982

**Title:** T  
**Name:** CLAASSEN, PAUL D  
**Address:** 3333 148TH S.W. APT 227  
**City-St-Zip:** LYNNWOOD, WA 98087

**Title:** S  
**Name:** VEGA, ALICIA J  
**Address:** 1701 CORONADO AVE  
**City-St-Zip:** FORT PIERCE, FL 34982

I hereby 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 all other like empowered.

**SIGNATURE:** D RICHARD CLAASSEN PHD

ED

02/04/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date