FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 APR 12 PM 3:19
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N98000000471

1. Corporation Name
TREASURE COAST FORUM, INC.

Principal Place of Business
P. O. Box 142
STUART FL 34995

Mailing Address
SAME

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified
MAY 13 1998

4. FEI Number
65-0831837
[ ] Applied For
[ ] Not Applicable

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

SCOTT CHALMERS
1237 SE SAGO DRIVE
JENSEN BEACH FL 34957

10. Name and Address of New Registered Agent

81 Name: GAYLE HARRELL
82 Street Address (P.O. Box Number is Not Acceptable): 1885 SW EAGLE POINT
83
84 City: STUART FL 85 Zip Code: 34994

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Gayle B. Harrell (Signature, typed or printed name of registered agent and title if applicable) DATE: 3-23-99

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	[ ] DELETE
NAME	GAYLE HARRELL	
STREET ADDRESS	1885 SW EAGLE POINT	
CITY-ST-ZIP	STUART FL 34994	
TITLE	VICE PRESIDENT	[ ] DELETE
NAME	ED GRIMPE	
STREET ADDRESS	6483 SW LOCKERBY PL	
CITY-ST-ZIP	HOBE SOUND FL 33455	
TITLE	SECRETARY	[ ] DELETE
NAME	JEAN ROVAN	
STREET ADDRESS	1030 BUTTONWOOD CIRCLE	
CITY-ST-ZIP	STUART FL 34997	
TITLE	TREASURER	[ ] DELETE
NAME	SALLY E. RHODES	
STREET ADDRESS	14 E HIGH POINT ROAD	
CITY-ST-ZIP	STUART FL 34996	
TITLE	JON CHICKY	[ ] DELETE
NAME	5 KNOWLES ROAD D	
STREET ADDRESS	STUART FL 34996	
CITY-ST-ZIP		
TITLE	Dr. ARTHUR ARGENIO	[ ] DELETE
NAME	9327 S.E. MAST TERR. D	
STREET ADDRESS	HOBE SOUND, FL., 33455	
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	Dr. PAUL LADD	[ ] Change [ ] Addition
12 NAME	1490 N.E DIXIE HWY D	
13 STREET ADDRESS	JENSEN BCH. FL 34957	
14 CITY-ST-ZIP		
21 TITLE	Dr. LARRY ROSS	[ ] Change [ ] Addition
22 NAME	8018 ITAWAH TRACE D	
23 STREET ADDRESS	PORT ST. LUCIE FL 34986	
24 CITY-ST-ZIP		
31 TITLE		[ ] Change [ ] Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		[ ] Change [ ] Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		[ ] Change [ ] Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		[ ] Change [ ] Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Gayle B Harrell Gayle B. Harrell 3/15/99 561-283-1177
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #