

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90988 035 ****61.25

DOCUMENT # N98000000471 1. Entity Name TREASURE COAST FORUM, INC.					
Principal Place of Business 111 S FEDERAL HWY SUITE 338 STUART, FL 34994			Mailing Address PO BOX 142 STUART, FL 34995		
2. Principal Place of Business 923 Lincoln Ave.		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Stuart, FL		City & State		4. FEI Number 65-0831837	
Zip 34995		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DADKO, MIKE 5571 SW LANDING CREEK DR PALM CITY, FL 34990			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		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	T LEGARD, ANN 1087 NW 13TH ST STUART, FL 34994		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES STEELE, DARREN MR 3802 SE JEFFERSON ST STUART, FL 34997		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES Dadko, Mike Mr. 5571 SW Landing Creek Dr. Palm City, FL 34990	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROWAN, JEAN 1030 BUTTWOOD CIRCLE STUART, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DADKO, MIKE MR 5571 SW LANDING CREEK DR PALM CITY, FL 34990		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Plymale, Shacen 555 Colorado Ave. Stuart, FL 34994	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHN, MAIUCCI 55 OSCEOLA ST STUART, FL 34994		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STACK, JAMES 337 NE TIARE CIR JENSEN BEACH, FL 34957		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Boning, Susan 732 SW Falcon St. Palm City, FL 34990	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: <u>Ann H. Legard</u> Ann H. Legard 4/19/04 772-223-0244 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					