

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2008 8:00 am
Secretary of State

02-13-2008 90029 012 ****61.25

DOCUMENT # N98000000471 1. Entity Name TREASURE COAST FORUM, INC.			
Principal Place of Business 923 LINCOLN AVE STUART, FL 34995		Mailing Address PO BOX 142 STUART, FL 34995	
2. Principal Place of Business - No P.O. Box # 925 LINCOLN AVE Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State STUART FL		City & State City & State	
Zip 34994		Zip Country	
Country USA		Country	
4. FEI Number 65-0831837		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PLYMALE, SHAUN 1315 SW EGRET WAY PALM CITY, FL 34990		7. Name and Address of New Registered Agent Name CINDY LACONTE Street Address (P.O. Box Number is Not Acceptable) 3933 SE FAIRWAY EAST City STUART FL Zip Code 34997	
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 <u><i>Cindy L. Laconte</i></u> CINDY L. LACONTE <u>02/11/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2008		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	S LEGARD, ANN <input checked="" type="checkbox"/> Delete 1087 NW 13TH ST STUART, FL 34994	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MICHAEL A. NEIBER 2370 NE OCEAN BLVD. A-306 STUART, FL 34996
TITLE NAME STREET ADDRESS CITY-ST-ZIP	R D <input type="checkbox"/> Delete PLYMALE, SHAUN 1315 SW EGRET WAY PALM CITY, FL 34990	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition GAIL A. BYRD 3650 SE SOA POINT CT. STUART, FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete COLE, BILL 3356 SE GLACIER TERRACE, THE RETREAT HOBE SOUND, FL 33455	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PLYMALE, SHAUN 1315 SW EGRET WAY PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete DIMBAT, JANET 2104 NW 22ND AVE, APT. 9-121 STUART, FL 34994	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition LACONTE CINDY 3933 SE FAIRWAY EAST STUART, FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Delete DIMBAT, JOHN 2104 NW 22ND AVE, APT. 9-121 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	R P <input type="checkbox"/> Delete LACONTE, CINDY 3933 S.E. FAIRWAY EAST STUART, FL 34997	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>John F. Dimbat</i></u> JOHN F. DIMBAT <u>02/11/08</u> <u>772 4857829</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		SIGNATURE: <u><i>Cindy L. Laconte</i></u> CINDY L. LACONTE <u>02/11/08</u> <u>772 4857829</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>	