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**FILED**  
**Mar 09, 1999 8:00 am**  
**Secretary of State**

03-09-1999 90085 047 \*\*\*\*61.25

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



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

**DOCUMENT # N98000001644**

1. Corporation Name

**TREASURE COAST LAW ENFORCEMENT, INC.**

Principal Place of Business

962 S.W. HABERLAND AVENUE  
PORT ST. LUCIE FL 34953

Mailing Address

962 S.W. HABERLAND AVENUE  
PORT ST. LUCIE FL 34953



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

03/17/1998

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

☒ Applied For  
☐ Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCCANDLESS, BRIAN  
962 S.W. HABERLAND AVENUE  
PORT ST. LUCIE FL 34953

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME CANDLESS, BRIAN  
STREET ADDRESS 962 S.W. HABERLAND AVENUE  
CITY-ST-ZIP PORT ST. LUCIE FL 34953

☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☒ Change ☐ Addition

McCandless, Brian  
962 SW Haberland Av

TITLE SVPD  
NAME PRIOR, ROBERT  
STREET ADDRESS 962 S.W. HABERLAND AVENUE  
CITY-ST-ZIP PORT ST. LUCIE FL 34953

☐ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VPD  
NAME GANNON, KEVIN  
STREET ADDRESS 962 S.W. HABERLAND AVENUE  
CITY-ST-ZIP PORT ST. LUCIE FL 34953

☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE SD  
NAME BRAME, BEVERLY  
STREET ADDRESS 962 S.W. HABERLAND AVENUE  
CITY-ST-ZIP PORT ST. LUCIE FL 34953

☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE TD  
NAME MIDDLETON, MARK  
STREET ADDRESS 962 S.W. HABERLAND AVENUE  
CITY-ST-ZIP PORT ST. LUCIE FL 34953

☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

22 Feb 99 561 336 3653

CR2E037 (1/98)