

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001644

FILED
Mar 08, 2005
Secretary of State

Entity Name: TREASURE COAST LAW ENFORCEMENT, INC.

Current Principal Place of Business:

962 S.W. HAMBERLAND AVENUE
PORT ST. LUCIE, FL 34953

New Principal Place of Business:

Current Mailing Address:

962 S.W. HAMBERLAND AVENUE
PORT ST. LUCIE, FL 34953

New Mailing Address:

FEI Number: 59-3563917

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCANDLESS, BRIAN
962 S.W. HAMBERLAND AVENUE
PORT ST. LUCIE, FL 34953 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: PD () Delete
Name: MCCANDLESS, BRIAN
Address: 962 S.W. HAMBERLAND AVENUE
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: SVPD () Delete
Name: PRIOR, ROBERT
Address: 962 S.W. HAMBERLAND AVENUE
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: VPD () Delete
Name: GANNON, KEVIN
Address: 962 S.W. HAMBERLAND AVENUE
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: SD () Delete
Name: BRAME, BEVERLY
Address: 962 S.W. HAMBERLAND AVENUE
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: TD () Delete
Name: MIDDLETON, MARK
Address: 962 S.W. HAMBERLAND AVENUE
City-St-Zip: PORT ST. LUCIE, FL 34953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: BRIAN MCCANDLESS

PD

03/08/2005

Electronic Signature of Signing Officer or Director

Date