

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2007 8:00 am
Secretary of State

02-19-2007 90061 042 ****61.25

DOCUMENT # N98000001644

1. Entity Name
TREASURE COAST LAW ENFORCEMENT, INC.



Principal Place of Business
**962 S.W. HAMBERLAND AVENUE
PORT ST. LUCIE, FL 34953**

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

40020000



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

PO BOX 268

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02042007 Chg-NP CR2E037 (12/06)

City & State

PALM CITY, FL

4. FEI Number
59-3563917

Applied For
Not Applicable

Zip

Country

34991

Country

USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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	PD MCCANDLESS, BRIAN 962 S.W. HAMBERLAND AVENUE PORT ST. LUCIE, FL 34953	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPD PRYOR, ROBERT 800 SE MONTEREY RD. STUART, FL 34994	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GANNON, KEVIN 800 SE MONTEREY RD. STUART, FL 34994	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HARMER, THOMAS 830 SE MARTIN LUTHER KING BLVD. STUART, FL 34990	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MIDDLETON, MARK 800 SE MONTEREY RD. STUART, FL 34994	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

Mark Middleton

2-8-07