

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005809

FILED
Apr 30, 2008
Secretary of State

Entity Name: TREASURE COAST MANATEE FOUNDATION, INC.

Current Principal Place of Business:

480 N. INDIAN RIVER DRIVE
FORT PIERCE, FL 34950

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3191
FORT PIERCE, FL 34948 US

New Mailing Address:

FEI Number: 65-0941270

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEROSS, JOSEPH J JR
500 VIRGINIA AVENUE
SUITE 200
FORT PIERCE, FL 34950 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: DT () Delete
Name: ALLEY, PATRICIA TREAS
Address: 2211 OKEECHOBEE ROAD
City-St-Zip: FORT PIERCE, FL 34950

Title: DVP () Delete
Name: WEATHERINGTON, DONNA J V-CHAIR
Address: 98 LAJEAN DRIVE
City-St-Zip: FORT PIERCE, FL 34947

Title: DP () Delete
Name: LOTT, JOE CHAIR
Address: 4808 SOUTH US I
City-St-Zip: FORT PIERCE, FL 34982

Title: DS () Delete
Name: LYSHON, LOUISE SECR.
Address: 1901 S. INDIAN RIVER DRIVE
City-St-Zip: FORT PIERCE, FL 34950

Title: DCP (X) Delete
Name: MELVILLE, ERIK COCHAIR
Address: 1536 N. LAWNWOOD CIRCLE #3
City-St-Zip: FORT PIERCE, FL 34950

Title: DCP (X) Delete
Name: MCWHORTER, MELISSA COCHAIR
Address: 1756 SANDERLING LANE
City-St-Zip: FORT PIERCE, FL 34982

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DT (X) Change () Addition
Name: LYNCH, ROBBIN TREAS
Address: 603 N. INDIAN RIVER DRIVE STE 300
City-St-Zip: FORT PIERCE, FL 34950

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

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Name:
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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 exemption stated 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 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: JOE LOTT

DP

04/30/2008

Electronic Signature of Signing Officer or Director

Date