

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 29, 2005 8:00 am**  
**Secretary of State**

07-29-2005 90016 019 \*\*\*\*61.25

DOCUMENT # N99000001691

1. Entity Name  
TREASURE COAST MERCHANT MARINES CHAPTER,  
INC.



Principal Place of Business  
889 S.W. WENTWORTH STREET  
SEBASTIAN, FL 32958

Mailing Address  
889 S.W. WENTWORTH STREET  
SEBASTIAN, FL 32958

50058683



2. Principal Place of Business  
3 Ventura Lane  
Suite, Apt. #, etc.

3. Mailing Address  
3 Ventura Lane  
Suite, Apt. #, etc.

07202005 Chg-NP CR2E037 (10/03)

City & State  
Port St. Lucie, Fl.  
Zip  
34952  
Country  
U.S.A.

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4. FEI Number  
NOT APPLICABLE  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

MATTHEWS, GALE H  
889 S.W. WENTWORTH STREET  
SEBASTIAN, FL 32958

7. Name and Address of New Registered Agent

Name  
William J. Ellis  
Street Address (P.O. Box Number is Not Acceptable)

3 Ventura Lane  
City  
Port St. Lucie FL Zip Code  
34952

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 William J. Ellis William J. Ellis, Treasurer July 25, 2005  
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 September 7, 2005

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

TITLE D ☒ Delete  
NAME JOY, EVELYN  
STREET ADDRESS 549 GLENCOVE ST.  
CITY-ST-ZIP SEBASTIAN, FL 32958

TITLE D ☒ Delete  
NAME SHERIDIAN, GEORGE  
STREET ADDRESS 3100 NO. AIA - APT PHC-1  
CITY-ST-ZIP NORTH HUTCHINSON ISLAND, FL 34949

TITLE S ☐ Delete  
NAME BRADY, MARGE  
STREET ADDRESS 329 NE CULLMAN CT.  
CITY-ST-ZIP PORT SAINT LUCIE, FL 34983

TITLE T ☒ Delete  
NAME MATTHEWS, GALE  
STREET ADDRESS 889 SW WENTWORTH ST  
CITY-ST-ZIP SEBASTIAN, FL 32958

TITLE D ☒ Delete  
NAME DATTALO, ANTHONY  
STREET ADDRESS PO BOX 1302  
CITY-ST-ZIP JENSEN BEACH, FL 34958

TITLE D ☒ Delete  
NAME HASKINS, RUSSELL  
STREET ADDRESS 2805 11TH AVE.  
CITY-ST-ZIP VERO BEACH, FL 32960

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ~~President~~ ☒ Change ☐ Addition  
NAME Peter Somides  
STREET ADDRESS 8775 30TH ST. LOT 606  
CITY-ST-ZIP VERO BEACH, FL. 32966

TITLE Vice President ☒ Change ☐ Addition  
NAME TOM ZAWAKI  
STREET ADDRESS 624 CENTER CT. SW APT. 102  
CITY-ST-ZIP VERO BEACH, FL. 32962

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE Treasurer ☒ Change ☐ Addition  
NAME William J. Ellis  
STREET ADDRESS 3 Ventura Lane  
CITY-ST-ZIP Port St. Lucie, FL. 34952

TITLE Director ☒ Change ☐ Addition  
NAME George Ver Cruyse  
STREET ADDRESS 78 SAN LUIS OBISPO  
CITY-ST-ZIP FORT PIERCE, FL. 34951

TITLE Director ☒ Change ☐ Addition  
NAME GALE MATTHEWS  
STREET ADDRESS 889 S.W. WENTWORTH ST.  
CITY-ST-ZIP SEBASTIAN, FL. 32958

12. 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 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: William J. Ellis William J. Ellis-Treasurer July 25, 2005 1-772-344-5469  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #