

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90004 008 ****61.25

DOCUMENT # N99000001691

1. Entity Name

TREASURE COAST MERCHANT MARINES CHAPTER, INC.



Principal Place of Business

3 VENTURA LANE
PORT SAINT LUCIE FL 34952

Mailing Address

3 VENTURA LANE
PORT SAINT LUCIE FL 34952



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ELLIS, WILLIAM J
3 VENTURA LANE
PORT SAINT LUCIE FL 34952

7. Name and Address of New Registered Agent

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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 P ☐ Delete
NAME JOMIDES, PETER
STREET ADDRESS 8775 20TH STREET LOT 606
CITY-ST-ZIP VERO BEACH FL 32966

TITLE VP ☐ Delete
NAME ZAWAXI, TOM
STREET ADDRESS 624 CENTER CT SW, APT. 102
CITY-ST-ZIP VERO BEACH FL 32962

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

TITLE T ☐ Delete
NAME ELLIS, WILLIAM J
STREET ADDRESS 3 VENTURA LANE
CITY-ST-ZIP PORT SAINT LUCIE FL 34952

TITLE D ☐ Delete
NAME VER CROYSSE, GEORGE
STREET ADDRESS 78 SAN LUIS OBISPO
CITY-ST-ZIP FORT PIERCE FL 34951

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *William J. Ellis* *William J. Ellis* Jan. 25, 2006 1-772-344-5469