

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 25, 2004 8:00 am**  
**Secretary of State**

03-25-2004 90206 001 \*\*\*122.50

**DOCUMENT # N99000004484**

1. Entity Name  
**TREASURE COAST HOUSING OPPORTUNITIES  
CORPORATION**



Principal Place of Business  
**707 N 7 STREET  
FT PIERCE, FL 34950**

Mailing Address  
**707 N 7 STREET  
FT PIERCE, FL 34950**

**66407875**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03102004 Chg-NP

CR2E037 (10/03)

4. FEI Number  
**22-3693611**

Applied For  
Not Applicable

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

**BROOKS, GLAISTER A  
707 N 7 STREET  
FT PIERCE, FL 34950**

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, 2004**

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 **D** ☐ Delete  
NAME **CARTER, THERESA**  
STREET ADDRESS **2901B AVE F**  
CITY-ST-ZIP **FT PIERCE, FL 34950**

TITLE **Treasurer** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☒ Delete  
NAME **RICHARDSON, WILLIE**  
STREET ADDRESS **3021 43RD STREET**  
CITY-ST-ZIP **FORT PIERCE, FL 34950**

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

TITLE **D** ☐ Delete  
NAME **BRENNER, HARRIETT**  
STREET ADDRESS **1630 SEAWAY DR #307**  
CITY-ST-ZIP **FT PIERCE, FL 34948**

TITLE **Vice President** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **President** ☐ Change ☒ Addition  
NAME **Brooks, Glaister A**  
STREET ADDRESS **2050 Oleander Blvd #6-106**  
CITY-ST-ZIP **Fort Pierce, FL 34950**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **Secretary** ☐ Change ☒ Addition  
NAME **Larabell, Jackie**  
STREET ADDRESS **2306 30th Ave, Vero Beach, FL 32968**  
CITY-ST-ZIP

TITLE ☐ Delete  
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 exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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:**

**Glaister Brooks, President**

**(772) 429-6427**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #