

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90365 001 ***122.50

DOCUMENT # N99000004484



1. Entity Name
TREASURE COAST HOUSING OPPORTUNITIES CORPORATION

Principal Place of Business Mailing Address
707 N 7 STREET 707 N 7 STREET
FT PIERCE FL 34950 FT PIERCE FL 34950

55003839



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **22-3693611** Applied For
Not Applicable

Zip Country Zip Country 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

~~DUSANEK, LINDA S
707 N 7 STREET
FT PIERCE FL 34950~~ **DELETE**

Name **Glaister A. Brooks**
Street Address (P.O. Box Number is Not Acceptable)
707 North 7th Street
City **Fort Pierce** FL Zip Code **34950**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

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	<input type="checkbox"/> Delete
NAME	CARTER, THERESA	
STREET ADDRESS	2901B AVE F	
CITY-ST-ZIP	FT PIERCE FL 34950	
TITLE	D	<input type="checkbox"/> Delete
NAME	RICHARDSON, WILLIE	
STREET ADDRESS	3021 43RD STREET	
CITY-ST-ZIP	FORT PIERCE FL 34950	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRENNER, HARRIETT	
STREET ADDRESS	1630 SEAWAY DR #307	
CITY-ST-ZIP	FT PIERCE FL 34948	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

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

12. I hereby certify that the information supplied with this filing does not qualify for an 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: _____

SIGNATURE REQUIRED
Glaister A. Brooks

January 8, 2003 (772)429-6427

CR2E037 (10/02)