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NONPROFIT
CORPORATION
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 OCT 19 PM 2:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N99000007~~6061~~ 481D

Corporation Name

TREASURE COAST RESOURCE CONSERVATION AND DEVELOPMENT COUNCIL, INC.

Principal Place of Business	Mailing Address
8400 PICOS RD., SUITE 202 Ft. Pierce, FL 34945	8400 PICOS RD., SUITE 202 FT. PIERCE, FL 34945

Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
	26	8/31/1998
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number: 65-0900159 ☐ Applied For ☐ Not Applicable
	27	
City & State	City & State	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
	28	
Zip / Country	Zip / Country	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
25	29 / 30	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GATES, PHILIP C JR. 8400 PICOS ROAD SUITE 202 FT. PIERCE, FL 34945	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

Pursuant to the provisions of Sections 617.0502 and 617.1606, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
E	PRESIDENT / Director ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
E	ADAMS, MIKE	1.2 NAME	
EET ADDRESS	8400 PICOS ROAD SUITE 202	1.3 STREET ADDRESS	
-ST-ZIP	FT. PIERCE, FL 34945	1.4 CITY-ST-ZIP	
E	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
E	GATES, PHILIP C JR., Director	2.2 NAME	
EET ADDRESS	8400 PICOS ROAD SUITE 202	2.3 STREET ADDRESS	
-ST-ZIP	FT. PIERCE, FL 34945	2.4 CITY-ST-ZIP	
E	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
E	ARNOLD, CALVIN, Director	3.2 NAME	
EET ADDRESS	8400 PICOS ROAD, SUITE 202	3.3 STREET ADDRESS	
-ST-ZIP	FT. PIERCE, FL 34945	3.4 CITY-ST-ZIP	
E	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
E	COWARD, DOUG, Director	4.2 NAME	
EET ADDRESS	8400 PICOS ROAD, SUITE 202	4.3 STREET ADDRESS	
-ST-ZIP	FT. PIERCE, FL 34945	4.4 CITY-ST-ZIP	
E	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
		5.2 NAME	
EET ADDRESS		5.3 STREET ADDRESS	
-ST-ZIP		5.4 CITY-ST-ZIP	
E	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
		6.2 NAME	
EET ADDRESS		6.3 STREET ADDRESS	
-ST-ZIP		6.4 CITY-ST-ZIP	

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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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael L. Adams 8/20/99 (561) 461-4546
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Michael L. Adams

CR2E037 (11/98)