

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90087 047 ****70.00

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1. Entity Name
**TREASURE COAST RESOURCE CONSERVATION AND
DEVELOPMENT COUNCIL, INC.**



Principal Place of Business
**200 S INDIAN RIVER DR
SUITE 202
FORT PIERCE, FL 34950**

Mailing Address
**200 S INDIAN RIVER DR
SUITE 202
FORT PIERCE, FL 34950**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04042007

Chg-NP

CR2E037 (12/06)

4. FEI Number
65-0900159

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GATES, PHILIP C JR
8400 PICOS ROAD
STE 202
FORT PIERCE, FL 34945**

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

**Filing Fee is \$61.25
Due by May 1, 2007**

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 PD
NAME ADAMS, MIKE ☐ Delete
STREET ADDRESS 200 S INDIAN RIVER DR, STE. 202
CITY-ST-ZIP FORT PIERCE, FL 34950

TITLE S
NAME GATES, PHILIP C JR ☐ Delete
STREET ADDRESS 200 S INDIAN RIVER DR., STE 202
CITY-ST-ZIP FORT PIERCE, FL 34950

TITLE D
NAME COWARD, DOUG ☐ Delete
STREET ADDRESS 200 S INDIAN RIVER DR., STE 202
CITY-ST-ZIP FORT PIERCE, FL 34950

TITLE V
NAME STANLEY, JOHN ☐ Delete
STREET ADDRESS 200 S INDIAN RIVER DR., STE 202
CITY-ST-ZIP FORT PIERCE, FL 34950

TITLE T
NAME JOHNSON, ROBERT ☐ Delete
STREET ADDRESS 200 S. INDIAN RIVER DR., STE 202
CITY-ST-ZIP FORT PIERCE, FL 34950

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Change ☒ Addition
NAME Sean Sexton
STREET ADDRESS 200 S. Indian River Dr. Ste 202
CITY-ST-ZIP Ft. Pierce, FL 34950

TITLE V, S ☒ Change ☐ Addition
NAME Gates, Philip C. Jr.
STREET ADDRESS 200 S. Indian River Dr. Ste 202
CITY-ST-ZIP Ft. Pierce, FL 34950 ☐ Change ☐ Addition

TITLE D ☒ Change ☐ Addition
NAME Stanley, John
STREET ADDRESS 200 S. Indian River Dr.. Ste 202
CITY-ST-ZIP Ft. Pierce, FL 34950

TITLE D ☐ Change ☒ Addition
NAME Frank Williamson
STREET ADDRESS 200 S. Indian River Dr. Ste 202
CITY-ST-ZIP Ft. Pierce, FL 34950

TITLE D ☐ Change ☒ Addition
NAME Craig Helseth
STREET ADDRESS 200 S. Indian River Dr. Ste 202
CITY-ST-ZIP Ft. Pierce, FL 34950

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *Michael D. Lee*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/07

Date

Daytime Phone #