

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004810

FILED
Jan 27, 2009
Secretary of State

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

Current Principal Place of Business:

200 S INDIAN RIVER DR
SUITE 309
FORT PIERCE, FL 34950

New Principal Place of Business:

Current Mailing Address:

200 S INDIAN RIVER DR
SUITE 309
FORT PIERCE, FL 34950

New Mailing Address:

FEI Number: 65-0900159

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ADAMS, MIKE
Address: 200 S INDIAN RIVER DR, STE. 309
City-St-Zip: FORT PIERCE, FL 34950

Title: VS () Delete
Name: GATES, PHILIP C JR
Address: 200 S INDIAN RIVER DR., STE 309
City-St-Zip: FORT PIERCE, FL 34950

Title: D () Delete
Name: COWARD, DOUG
Address: 200 S INDIAN RIVER DR., STE 309
City-St-Zip: FORT PIERCE, FL 34950

Title: D () Delete
Name: STANLEY, JOHN
Address: 200 S INDIAN RIVER DR., STE 309
City-St-Zip: FORT PIERCE, FL 34950

Title: T () Delete
Name: JOHNSON, ROBERT
Address: 200 S INDIAN RIVER DR., STE 309
City-St-Zip: FORT PIERCE, FL 34950

Title: D () Delete
Name: SEXTON, SEAN
Address: 200 S INDIAN RIVER DR. STE 309
City-St-Zip: FORT PIERCE, FL 34950

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIKE ADAMS

PD

01/27/2009

Electronic Signature of Signing Officer or Director

Date