

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005214

FILED  
Jun 02, 2006  
Secretary of State

**Entity Name:** THE M.I.S.S. INCORPORATED OF THE TREASURE COAST

**Current Principal Place of Business:**

3820 SE DIXIE HIGHWAY  
STUART, FL 34997

**New Principal Place of Business:**

**Current Mailing Address:**

3820 SE DIXIE HIGHWAY  
STUART, FL 34997

**New Mailing Address:**

**FEI Number:** 65-0883500      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

GREEN, SCHONNA A  
3820 SE DIXIE HWY  
STUART, FL 34997      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: P      ( ) Delete  
Name: TAYLOR, SYLVIA  
Address: 5673 47TH AVE  
City-St-Zip: PORT SALERNO, FL 34997

Title: VP      ( ) Delete  
Name: GREEN, ROSLYN  
Address: 1026 SW COLEMAN AVE  
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: TD      ( ) Delete  
Name: EDWARDS, MARTA  
Address: 1225 NW 21ST STREET #2811  
City-St-Zip: STUART, FL 34994

Title: DS      ( ) Delete  
Name: FELIX, WANDA  
Address: 6165 NW NOLIA COURT PLACE  
City-St-Zip: PORT ST LUCIE, FL 34983

Title: D      ( ) Delete  
Name: CONNELL, BILL  
Address: 3450 SE DOUBLETON DRIVE  
City-St-Zip: STUART, FL 34997

Title: D      ( ) Delete  
Name: GRANZIANO, ANNE  
Address: 1414 BRIDGE RD  
City-St-Zip: HOBE SOUND, FL 34456

**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 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: SYLVIA TAYLOR

P

06/02/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date