# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 30, 2007**
**Secretary of State**

DOCUMENT# N99000005214

**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 (X)**

**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: | DS | (X) Change ( ) Addition |
| Name: | BELOWCH, CAREN | |
| Address: | 2129 N.E. RUSTIC WAY | |
| City-St-Zip: | JENSEN BEACH, FL 34957 | |
| Title: | D | (X) Change ( ) Addition |
| Name: | JACKSON, HAROLD | |
| Address: | 5720 S.E. COLEE AVE | |
| City-St-Zip: | STUART, FL 34997 | |
| 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: SYLVIA TAYLOR P 04/30/2007

Electronic Signature of Signing Officer or Director — Date