

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005214

FILED
May 01, 2008
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:

Name and Address of New Registered Agent:

GREEN, SCHONNA A
3820 SE DIXIE HWY
STUART, FL 34997 US

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: BELOWCH, CAREN
Address: 2129 N.E. RUSTIC WAY
City-St-Zip: JENSEN BEACH, FL 34957

Title: D () Delete
Name: JACKSON, HAROLD
Address: 5720 S.E. COLEE AVE
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 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

05/01/2008

Electronic Signature of Signing Officer or Director

Date