

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005214

FILED  
Apr 12, 2010  
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 (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  
Name: TAYLOR, SYLVIA  
Address: 5673 47TH AVE  
City-St-Zip: PORT SALERNO, FL 34997

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

Title: TD  
Name: HENRY, DELROY  
Address: 113 SW NORTH DANVILLE CIRCLE  
City-St-Zip: PORT ST LUCIE, FL 34953

Title: DS  
Name: BELOWCH, CAREN  
Address: 851 SW DALTON AVE  
City-St-Zip: PORT ST LUCIE, FL 34953

Title: D  
Name: JACKSON, HAROLD  
Address: 5720 S.E. COLEE AVE  
City-St-Zip: STUART, FL 34997

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

I hereby 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 all other like empowered.

SIGNATURE: SYLVIA TAYLOR

PRES

04/12/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date