

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744315

Entity Name: TREASURE COAST BONSAI SOCIETY INC.**Current Principal Place of Business:**BARBARA R POGLITSCH
5622 SE LAMAY DRIVE
STUART, FL 34997**Current Mailing Address:**BARBARA R POGLITSCH
5622 SE LAMAY DRIVE
STUART, FL 34997 US**FEI Number:** 59-2335697**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**POGLITSCH, BARBARA R
5622 SE LAMAY DRIVE
STUART, FL 34997-6548 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:** BARBARA R POGLITSCH

01/07/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P
Name	WOJCIK, JOSEPH
Address	113 NE CHARLESTON OAKS DRIVE
City-State-Zip:	PORT ST LUCIE FL 34983

Title	V
Name	ZEIGLER, WILLIAM
Address	1844 NW PINETREE LANE
City-State-Zip:	STUART FL 34994-8844

Title	T
Name	POGLITSCH, BARBARA R
Address	5622 SE LAMAY DRIVE
City-State-Zip:	STUART FL 34997

Title	S
Name	SHERMAN, NOREEN
Address	548 SW ST LUCIE CRESCENT
City-State-Zip:	STUART FL 34994-2825

Title	D
Name	VERONE, JOSEPH J
Address	403 SW SUNVIEW WAY
City-State-Zip:	PORT ST LUCIE FL 34986-2653

Title	D
Name	WINKLER, JOE
Address	P O BOX 690793
City-State-Zip:	VERO BEACH FL 34979-3252

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: BARBARA R POGLITSCH**TREASURER**

01/07/2014

Electronic Signature of Signing Officer/Director Detail

Date