

**2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL
REPORT**

DOCUMENT# N00000004640

Entity Name: TREASURE COAST HOMELESS SERVICES COUNCIL, INC.

Current Principal Place of Business:

2525 ST LUCIE AVENUE
VERO BEACH, FL 32960

Current Mailing Address:

2525 ST LUCIE AVENUE
VERO BEACH, FL 32960 US

FEI Number: 52-2254571

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NUCKLES, RAYME L
2525 ST. LUCIE AVE.
VERO BEACH, FL 32960 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: RAYME NUCKLES

06/07/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title C
Name HECKMAN, TODD
Address 1717 INDIAN RIVER BLVD. # 301
City-State-Zip: VERO BEACH FL 32960

Title DIRECTOR
Name NUCKLES, RAYME L
Address 2525 ST LUCIE AVENUE
City-State-Zip: VERO BEACH FL 32960

Title SECRETARY
Name URIBE, LEIGH ANNE
Address 2525 ST LUCIE AVENUE
City-State-Zip: VERO BEACH FL 32960

Title OTHER
Name WIMS, WILLIAM
Address 2525 ST LUCIE AVENUE
City-State-Zip: VERO BEACH FL 32960

Title OFFICER
Name FRANCISCO, JEFF
Address 2525 ST LUCIE AVENUE
City-State-Zip: VERO BEACH FL 32960

Title OFFICER
Name PRICE, JULIANNE
Address 2525 ST LUCIE AVENUE
City-State-Zip: VERO BEACH FL 32960

Title TREASURER
Name GROSSI, DIANA
Address 2525 ST LUCIE AVENUE
City-State-Zip: VERO BEACH FL 32960

Title OFFICER
Name JOHNSON, DAVID
Address 1901 23RD ST
City-State-Zip: VERO BEACH FL 32960

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: RAYME NUCKLES

EXECUTIVE DIRECTOR

06/07/2023

Electronic Signature of Signing Officer/Director Detail

Date