

2014 FLORIDA NOT FOR PROFIT CORPORATION 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**FEI Number: 52-2254571****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**HUBBARD, LOUISE S
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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	C
Name	STARK, RICHARD A
Address	340 PALMETTO PT.
City-State-Zip:	VERO BEACH FL 32963

Title	P
Name	RUX, SUE
Address	117 HINCHMAN AVENUE
City-State-Zip:	SEBASTIAN FL 32958

Title	V
Name	HUBBARD, LOUISE
Address	2525 ST. LUCIE AVENUE
City-State-Zip:	VERO BEACH FL 32960

Title	T
Name	FEDDER, SHAUN
Address	755 BEACHLAND BOULEVARD
City-State-Zip:	VERO BEACH FL 32963

Title	S
Name	COCOVES, ANITA
Address	472 S.E. EDGEWOOD DRIVE
City-State-Zip:	STUART FL 34996

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: LOUISE HUBBARD**VICE PRESIDENT****03/10/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date