

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006208

Entity Name: TREASURE COAST ADVOCACY COALITION, INC.**Current Principal Place of Business:**2937 W. MIDWAY ROAD
FORT PIERCE, FL 34981**Current Mailing Address:**2937 W. MIDWAY ROAD
FORT PIERCE, FL 34981 US**FEI Number:** 65-1050571**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**VON SEELEN, LISA
2310 NEBRASKA AVE.
FORT PIERCE, FL 34950 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	VP, DIRECTOR
Name	VON SEELEN, LISA
Address	2310 NEBRASKA AVE.
City-State-Zip:	FORT PIERCE FL 34950

Title	TREASURER, DIRECTOR
Name	WALLACE, LONG T JR.
Address	8133 SARATOGA WAY
City-State-Zip:	PORT ST. LUCIE FL 34986

Title	DIRECTOR
Name	COX, LINDA W
Address	2937 W. MIDWAY ROAD
City-State-Zip:	FORT PIERCE FL 34981

Title	SECY, DIRECTOR
Name	CORRICK, DENNIS G
Address	1903 S. 25TH ST. SUITE 200
City-State-Zip:	FORT PIERC FL 34947

Title	PRESIDENT, DIRECTOR
Name	FETTERMAN, ADAM
Address	10380 SW VILLAGE CENTER DRIVE #328
City-State-Zip:	PORT ST. LUCIE FL 34987

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: DENNIS G. CORRICK**SECRETARY****03/22/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date