

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012414

Entity Name: FLORIDA'S RESEARCH COAST ECONOMIC DEVELOPMENT COALITION, INC.**FILED**
Jan 28, 2015
Secretary of State
CC7680410228**Current Principal Place of Business:**C/O BUSINESS DEVELOPMENT BOARD OF MARTIN COUNTY
1002 SE MONTEREY COMMONS BLVD. SUITE 203
STUART, FL 34996**Current Mailing Address:**C/O BUSINESS DEVELOPMENT BOARD OF MARTIN COUNTY
1002 SE MONTEREY COMMONS BLVD. SUITE 203
STUART, FL 34996 US**FEI Number: 20-8547794****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**DOUGHER, TIMOTHY
C/O BUSINESS DEVELOPMENT BOARD OF MARTIN COUNTY
1002 SE MONTEREY COMMONS BLVD. SUITE 203
STUART, FL 34996 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: TIMOTHY DOUGHER****01/28/2015**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	CHAIRMAN
Name	DOUGHER, TIM
Address	BUSINESS DEVELOPMENT BOARD OF MARTIN COUNTY 1002 SE MONTEREY COMMONS BLVD. SUITE 203
City-State-Zip:	STUART FL 34996

Title	VC
Name	TESCH, PETE
Address	C/O ECONOMIC DEVELOPMENT COUNCIL OF ST. LUCIE COUNTY 500 NW CALIFORNIA BOULEVARD BUILDING S, SUITE 103
City-State-Zip:	PORT ST. LUCIE FL 34986

Title	FIRST DIRECTOR
Name	STETSON, RICHARD
Address	WORKFORCE SOLUTIONS 584 NW UNIVERSITY BLVD. SUITE 100
City-State-Zip:	PORT ST. LUCIE FL 34986

Title	SECOND DIRECTOR
Name	BURROUGHS, TERRY
Address	C/O CHAMBER OF COMMERCE OF OKEECHOBEE 55 S. PARROTT AVENUE
City-State-Zip:	OKEECHOBEE FL 34972

Title	SECRETARY AND TREASURER
Name	CASELTINE, HELENE
Address	INDIAN RIVER CHAMBER OF COMMERCE 1216 21ST STREET
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: TIM DOUGHER**EXECUTIVE DIRECTOR****01/28/2015**

Electronic Signature of Signing Officer/Director Detail

Date