

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000005106

**FILED**  
**Feb 05, 2015**  
**Secretary of State**  
**CC1027961772**

**Entity Name:** TREASURE COAST GENEALOGICAL SOCIETY, INC.

**Current Principal Place of Business:**

261 MARINA DRIVE  
FORT PIERCE, FL 34949

**Current Mailing Address:**

P.O. BOX 12582  
FORT PIERCE, FL 34979 US

**FEI Number: 65-0055005**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

BABCOCK, SHARON W.  
261 MARINA DRIVE  
FORT PIERCE, FL 34949 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: SHARON W BABCOCK**

**02/05/2015**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name BABCOCK, SHARON W  
Address 261 MARINA DRIVE  
City-State-Zip: FORT PIERCE FL 34949

Title VP  
Name GIORDANO, PATRICIA  
Address 118 QUEEN EUGENIA CT  
City-State-Zip: FORT PIERCE FL 34949

Title RSEC  
Name BRANTLEY, CYNTHIA  
Address 2030 SE WEST DUNBROOKE CIRCLE  
City-State-Zip: PORT ST. LUCIE FL 34986

Title CSEC  
Name BRANTLEY, CYNTHIA  
Address 2030 SE WEST DUNBROOKE CIR  
City-State-Zip: PORT ST. LUCIE FL 34986

Title TREA  
Name MCGARRY, MARYELLEN  
Address 238 NW CHIMERE LANE  
City-State-Zip: PORT ST. LUCIE FL 34988

*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: MARYELLEN MCGARRY**

**TREASURER**

**02/05/2015**

Electronic Signature of Signing Officer/Director Detail

Date