

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000001287

Entity Name: TREASURE COAST CLASSICAL GUITAR SOCIETY, INC.**Current Principal Place of Business:**944 SE CENTRAL PKWY
STUART, FL 34994**Current Mailing Address:**944 SE CENTRAL PKWY
STUART, FL 34994 US**FEI Number: 35-2588641****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CARLTON, ROWDY D
5922 SE RIVERBOAT DR UNIT 509
STUART, FL 34997 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:** ROWDY DEAN CARLTON

04/07/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRES
Name CARLTON, ROWDY D
Address 5922 SE RIVERBOAT DR UNIT 509
City-State-Zip: STUART FL 34997

Title TREA
Name SWINTON, ROBERT
Address 944 SE CENTRAL PKWY
City-State-Zip: STUART FL 34994

Title DIRECTOR
Name WISSMULLER, JAN
Address 13 HARBOR ISLE DR. W #304
City-State-Zip: FT. PIERCE FL 34949

Title SECRETARY
Name SHERRILL, FREEMAN
Address 472 NE STILLWATER COVE
City-State-Zip: PORT ST. LUCIE FL 34983

Title DIRECTOR
Name RICE, WILLIAM A
Address 3038 SE FARLEY RD
City-State-Zip: PORT ST LUCIE FL 34952

Title DIRECTOR
Name ASHWORTH, ANN
Address 1125 SE ALAMANDA LANE
City-State-Zip: STUART FL 34996

Title DIRECTOR
Name HELSING, JANE
Address 2571 NE OCEAN BLVD.
#205
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: ROWDY CARLTON

PRESIDENT

04/07/2017

Electronic Signature of Signing Officer/Director Detail

Date