

2019 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

05/01/2019

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	HARRIS, JAY
Address	5906 SILVER OAK DRIVE
City-State-Zip:	FT. PIERCE FL 34982

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

Title	DIRECTOR
Name	WICINA, GENON
Address	4491 SW BIMINI CIR N
City-State-Zip:	PALM CITY FL 34990

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

05/01/2019

Electronic Signature of Signing Officer/Director Detail

Date