

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17000000601

Entity Name: TREASURE COAST CISM TEAM INC**Current Principal Place of Business:**5501 SPRUCE DRIVE
FORT PIERCE, FL 34982**Current Mailing Address:**P O BOX 12414
FORT PIERCE, FL 34981 US**FEI Number: 81-4981606****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**MCDILDA, DONALD
5203 PINETREE DRIVE
FORT PIERCE, FL 34982 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:** DONALD MCDILDA**03/02/2022**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

| | |
|-----------------|--------------------------|
| Title | S |
| Name | AMES GUSTAFSON, MARGARET |
| Address | 5501 SPRUCE DRIVE |
| City-State-Zip: | FORT PIERCE FL 34982 |

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|-----------------|---------------------------|
| Title | T |
| Name | NIEMCZYK, LEO |
| Address | 121 SW PORT ST LUCIE BLVD |
| City-State-Zip: | PORT ST LUCIE FL 34984 |

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|-----------------|---------------------|
| Title | ED |
| Name | MCDILDA, DONALD |
| Address | 5203 PINETREE DRIVE |
| City-State-Zip: | FT. PIERCE FL 34982 |

| | |
|-----------------|----------------------|
| Title | DIRECTOR |
| Name | COCOVES, ANITA |
| Address | 5501 SPRUCE DRIVE |
| City-State-Zip: | FORT PIERCE FL 34982 |

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: LEO NIEMCZYK**TREASURER****03/02/2022**

Electronic Signature of Signing Officer/Director Detail

Date