2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003330

FILED Apr 08, 2009 Secretary of State

Entity Nam	ne: THE T	REASURE COAST HOPE FOUNDATION	N, INC.	·	
Current Pri	incipal Pla	ace of Business:	New Principal Place	of Business:	
2531 SW D. PORT ST. L		34953			
Current Ma	ailing Add	ress:	New Mailing Addres	New Mailing Address:	
2531 SW D. PORT ST. L		34953			
FEI Number:	26-2393158	FEI Number Applied For () FEI No	umber Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Re				of New Registered Agent:	
OLENSKY, 2531 SW D. PORT ST. L	ALLAS ST	34953 US			
The above in the State		ty submits this statement for the purpose	of changing its registere	ed office or registered agent, or both,	
SIGNATURE:					
	Elect	ronic Signature of Registered Agent		Date	
OFFICERS	AND DIR	ECTORS:	${\bf ADDITIONS/CHANGES\ TO\ OFFICERS\ AND\ DIRECTORS:}$		
Title: Name: Address: City-St-Zip:	D OLENSKY, V 2531 SW DA PORT ST. L		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D SCOTT, GAI 301 SW STU PALM CITY,	JART WEST BLVD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D SCOTT, JEA 301 SW STU PALM CITY,	JART WEST BLVD	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: WILLIAM OLENSKY MR. 04/08/2009