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.

OFFICER

#### SIGNATURE: WILLIAM OLENSKY

Electronic Signature of Signing Officer/Director Detail

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.

Title	D	Title	D		
Name	OLENSKY, WILLIAM	Name	SCOTT, GARY		
Address	2531 SW DALLAS ST	Address	301 SW STUART WEST BLVD		
City-State-Zip:	PORT ST. LUCIE FL 34953	City-State-Zip:	PALM CITY FL 34990		
Title	D				
Name	SCOTT, JEANETTE				
Address	301 SW STUART WEST BLVD				

## Offic

City-State-Zip: PALM CITY FL 34990

SIGNATU	IRE:		
	Electronic Signature of Registered Agent		
Officer/Di	irector Detail :		
Title	D	Title	D
Name	OLENSKY, WILLIAM	Name	SCOTT, G
Address	2531 SW DALLAS ST	Address	301 SW S

## DOCUMENT# N08000003330 Entity Name: THE TREASURE COAST HOPE FOUNDATION, INC.

**Current Principal Place of Business:** 

2531 SW DALLAS ST PORT ST. LUCIE. FL 34953

#### **Current Mailing Address:**

2531 SW DALLAS ST PORT ST. LUCIE. FL 34953

## FEI Number: 26-2393158

# Name and Address of Current Registered Agent:

OLENSKY, WILLIAM 2531 SW DALLAS ST PORT ST. LUCIE, FL 34953 US

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

# Certificate of Status Desired: No

04/14/2013 Date

# FILED Apr 14, 2013 Secretary of State CC6381524608

Date