

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 756175 (6)

1. Corporation Name
EXCHANGE CLUB CENTER FOR THE PREVENTION OF CHILD ABUSE OF THE TREASURE COAST, INC.



Principal Place of Business: 828 S US HWY #1 FT PIERCE FL 34950
Mailing Address: PO BOX 12704 FT PIERCE FL 34979 US

3. Date Incorporated or Qualified: 02/03/1981
3a. Date of Last Report: 02/01/1995
4. FEI Number: 59-2094472
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent
**DONADIO, ANTHONY
310 SW 10TH ST
SUITE 108
VERO BEACH FL 32962**

10. Name and Address of New Registered Agent (81-84) fields for Name, Street Address, City, and Zip Code (FL).

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Anthony J Donadio* 2/1/96 DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SHAW, DANA	
STREET ADDRESS	1336 30 AVE	
CITY-ST-ZIP	VERO BCH FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	DONADIO, ANTHONY	
STREET ADDRESS	310 SW 10TH STREET	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CLANCEY, LARRY	
STREET ADDRESS	2466 SE ISSAC RD	
CITY-ST-ZIP	PORT ST LUCIE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	PEELER, CAROLYN	
STREET ADDRESS	8365 91 AVE	
CITY-ST-ZIP	VERO BCH FL	
TITLE	MD	<input type="checkbox"/> DELETE
NAME	GARBARINO-MAY, THERESA	
STREET ADDRESS	272 SE TWIG AVE	
CITY-ST-ZIP	PORT ST LUCIE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Scott Hanawalt	
1.3 STREET ADDRESS	149 NE Caprona Ave	
1.4 CITY-ST-ZIP	Port St Lucie, FL 34983	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Jay Hart	
2.3 STREET ADDRESS	111 Orange Ave	
2.4 CITY-ST-ZIP	FT Pierce, FL 34950	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Anthony J. Donadio* 2/1/96 407-2344066

CR2E037 (12/95)