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Jan 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 34979-2704 US

3. Date Incorporated or Qualified: 02/03/1981
3a. Date of Last Report: 02/07/1996

2. Principal Place of Business: 21 3525 W. Midway Rd. Suite, Apt. #, etc. 22
City & State: 23 Ft. Pierce, FL
Zip: 24 34981 Country: 25 USA

4. FEI Number: 59-2094472 Applied For: Not Applicable
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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DONADIO, ANTHONY
310 SW 10TH ST
SUITE 108
VERO BEACH FL 32962

81 Name: Hanawalt, Scott
82 Street Address (P.O. Box Number is Not Acceptable): 149 NE Caprona Ave.
83 City & State: Pt. St. Lucie, FL 34983
84 City: Pt. St. Lucie, FL FL 85 Zip Code: 34983

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: *Scott Hanawalt* Scott Hanawalt 1-17-97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	HANAWALT, SCOTT	
STREET ADDRESS	149 NE CAPRONA AVE	
CITY-ST-ZIP	PT ST LUCIE FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	DONADIO, ANTHONY	
STREET ADDRESS	310 SW 10TH STREET	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	CLANCEY, LARRY	
STREET ADDRESS	2466 SE ISSAC RD	
CITY-ST-ZIP	PORT ST LUCIE FL	
TITLE	SD	<input checked="" 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	VD	<input checked="" type="checkbox"/> DELETE
NAME	HART, JAY	
STREET ADDRESS	111 ORANGE AVE	
CITY-ST-ZIP	FT PIERC EL	

1.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MaGee, Michael	
1.3 STREET ADDRESS	1895 Hedden Pl.	
1.4 CITY-ST-ZIP	Vero Beach, FL 32966	
2.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Hanawalt, Scott	
2.3 STREET ADDRESS	149 NE Caprona Ave.	
2.4 CITY-ST-ZIP	Pt. St. Lucie, FL 34983	
3.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Johnston, Janice	
3.3 STREET ADDRESS	146 NW Central Park Plaza #101	
3.4 CITY-ST-ZIP	Pt. St. Lucie, FL 34986	
4.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Hatfield, Gail	
4.3 STREET ADDRESS	1900 S. Harbor City Blvd St. 124	
4.4 CITY-ST-ZIP	Melbourne, FL 32901	
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	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	DeRoss, Joseph J.	
6.3 STREET ADDRESS	401 S. Indian River Dr.	
6.4 CITY-ST-ZIP	Ft. Pierce, FL 34950	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

(561)465-6011

CR2E037 (9/96)