

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 3525 W MIDWAY RD FT PIERCE FL 34961 US	Mailing Address PO BOX 12704 FT PIERCE FL 34979 US
------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------

3. Date Incorporated or Qualified 02/03/1981	
4. FEI Number 59-2094472	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 P.O. Box 12908 27 Suite, Apt. #, etc. 28 City & State 29 Zip 30 Country
---------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------

9. Name and Address of Current Registered Agent

**HANAWALT, SCOTT
 149 NE CAPRONA AVE
 PT ST LUCIE FL 34983**

10. Name and Address of New Registered Agent

81 Name **DeRoss, Joseph**
82 Street Address (P.O. Box Number is Not Acceptable)
401 S Indian River Dr.
83
84 City **Ft. Pierce,** **FL** **85** Zip Code **34950**

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 *Joseph DeRoss* **Joseph DeRoss** **4/13/98** DATE

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	VD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAGEE, MICHAEL	1.2 NAME	Mancini, Joseph
STREET ADDRESS	1895 HEDDEN PL	1.3 STREET ADDRESS	145 NW Central Prk Plaza
CITY-ST-ZIP	VERO BCH FL	1.4 CITY-ST-ZIP	Port St. Lucie, FL 34986
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	PD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANAWALT, SCOTT	2.2 NAME	MaGee, Michael
STREET ADDRESS	149 NE CAPRONA AVE	2.3 STREET ADDRESS	2911 Cardinal Dr.
CITY-ST-ZIP	PT ST LUCIE FL	2.4 CITY-ST-ZIP	Vero Beach, FL 32963
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSTON, JANICE	3.2 NAME	
STREET ADDRESS	146 NW CENTRAL PARK PLAZA #101	3.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST LUCIE FL	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	SD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HATFIELD, GAIL	4.2 NAME	McCall, Cindy
STREET ADDRESS	1900 S HARBOR CITY BLVD STE 124	4.3 STREET ADDRESS	2222 Colonial Rd.
CITY-ST-ZIP	MELBOURNE FL	4.4 CITY-ST-ZIP	Ft. Pierce, FL 34950
TITLE	MD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARBARINO-MAY, THERESA	5.2 NAME	
STREET ADDRESS	272 SE TWNG AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST LUCIE FL	5.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEROSS, JOSEPH J	6.2 NAME	
STREET ADDRESS	401 S INDIAN RIVER DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE FL	6.4 CITY-ST-ZIP	

14. I 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.

SIGNATURE: *Theresa Garbarino-May* **Theresa Garbarino-May** **4/13/98** **5101-465-6011** DATE DAYTIME PHONE #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/97)