## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS'

## **DOCUMENT # 756175**

Country

1. Corporation Name

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

| Principal Place of Busine |
|---------------------------|
| 3525 W MIDWAY RD          |
| FT PIERCE FL 34981        |
| US                        |

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

Zip

Mailing Address

P O BOX 12908 FT PIERCE FL 34979

2a. Mailing Address

City & State

Suite, Apt. #, etc.

US

26

27

28

## **FILED** Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90018 036 \*\*\*\*61.25



Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

02/03/1981

59-2094472

FEI Number

| NAME  NAME  MAGEE, MICHAEL  STREET ADDRESS  1895 HEDDEN PL  STREET ADDRESS  1895 HEDDEN PL  STREET ADDRESS  13 STREET ADDRESS  14 CITY-ST-ZIP  DELETE  12 NAME  13 STREET ADDRESS  14 CITY-ST-ZIP  PD  DELETE  14 NAME  HANAWALT, SCOTT  STREET ADDRESS  149 NE CAPRONA AVE  21 STREET ADDRESS  149 NE CAPRONA AVE  23 STREET ADDRESS  150 L GOLDE FL  24 CITY-ST-ZIP  150 L GOLDE FL  34750   |           |
|--|-----------|
| 401 S INDIAN RIVER DR FT PIERCE FL 34950  84 City  FL 85 Zip Code  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 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 register agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE  WO D DELETE  1.1 TITLE  WAGEE, MICHAEL  1.2 NAME  MAGEE, MICHAEL  1.3 STREET ADDRESS  1.3 STREET ADDRESS  1.3 STREET ADDRESS  1.4 STREET ADDRESS  1.5 PD  DELETE  2.1 TITLE  PD  DEChange  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  PT D DELETE  2.1 TITLE  PD  DECHANGE  1.4 CITY-ST-ZIP  PD  DECHANGE  1.5 TACHER RUME On.  Change  1.5 TACHER RUME ON.  CITY-ST-ZIP  PT ST-LUCIE-FL  2.4 CITY-ST-ZIP  PT ST-LUCIE-FL  2.4 CITY-ST-ZIP  PT ST-LUCIE-FL  3.47650  |           |
| 401 S INDIAN RIVER DR FT PIERCE FL 34950  83  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 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 register agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  Signature. typed or printed name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE  NAME  MAGEE, MICHAEL  1.2 NAME  MAGEE, MICHAEL  1.3 STREET ADDRESS  1. |           |
| 83  84 City  FL 85 Zip Code  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 regist 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 register agent, I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  S |           |
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| Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE  | iđ        |
| 12. OFFICERS AND DIRECTORS  TITLE VD D DELETE 1.1 TITLE V D Change CTV-ST-ZIP VERO BCH FL  TITLE PD D DELETE 1.2 TITLE PD DELETE 2.2 TITLE PD DELETE 1.4 CITY-ST-ZIP VERO BCH FL  STREET ADDRESS 149 NE CAPRONA AVE  TITLE PT ST-LUCIE-FL  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN DIRECTORS IN DELETE 1.1 TITLE V D Change CTV-ST-ZIP PT ST-LUCIE-FL  1.1 TITLE V D Change CTV-ST-ZIP PT ST-LUCIE-FL  1.2 NAME ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN DELETE 1.1 TITLE V D Change CTV-ST-ZIP PT ST-LUCIE-FL  1.1 TITLE V D CHANGES AND DIRECTORS IN DELETE 1.1 TITLE V D CHANGE CTV-ST-ZIP PT ST-LUCIE-FL  1.2 NAME ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN DELETE 1.1 TITLE V D Change CTV-ST-ZIP PT ST-LUCIE-FL  1.1 TITLE V D CHANGES AND DERCTORS IN DELETE 1.1 TITLE V D CHANGE CTV-ST-ZIP DELETE 1.1 TITLE PD CHANGE CTV-ST-ZIP PT ST-LUCIE-FL  2.2 NAME 2.3 STREET ADDRESS 40 / A S Endian Ruma On.  2.3 STREET ADDRESS 40 / A S Endian Ruma On.  2.4 CITY-ST-ZIP PT ST-LUCIE-FL  2.4 CITY-ST-ZIP LOCIE-FL  3.4 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN D | -         |
| TITLE VD D DELETE 1.1 TITLE V D SUD ST AUCHEWB V D STREET ADDRESS 1895 HEDDEN PL 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP VERO BCH FL 1.4 CITY-ST-ZIP PD DELETE 2.1 TITLE PD DELETE 2.1 TI | 12        |
| NAME  MAGEE, MICHAEL  STREET ADDRESS  1895 HEDDEN PL  13 STREET ADDRESS  1740 SCU ST AUGEWB Vd  1740 SC | Addition  |
| CITY-ST-ZIP VERO BCH FL  ITTLE PD D DELETE  14 CITY-ST-ZIP PD DELETE  21 TITLE PD DELETE  21 TITLE PD DECHARGE  NAME  HANAWALT, SCOTT  STREET ADDRESS  149 NE CAPRONA AVE  PT ST-LUCIE-FL  24 CITY-ST-ZIP DELETE  24 CITY-ST-ZIP LOCIE-FL  25 CITY-ST-ZIP LOCIE-FL  26 CITY-ST-ZIP LOCIE-FL  27 CITY-ST-ZIP  | }         |
| CITY-ST-ZIP VERO BCH FL  ITTLE PD D DELETE  14 CITY-ST-ZIP PD DELETE  21 TITLE PD DELETE  21 TITLE PD DECHARGE  NAME  HANAWALT, SCOTT  STREET ADDRESS  149 NE CAPRONA AVE  PT ST-LUCIE-FL  24 CITY-ST-ZIP DELETE  24 CITY-ST-ZIP LOCIE-FL  25 CITY-ST-ZIP LOCIE-FL  26 CITY-ST-ZIP LOCIE-FL  27 CITY-ST-ZIP  | ļ         |
| TITLE PD D DELETE 21TILE PD DEChange TO Change TO STREET ADDRESS 149 NE CAPRONA AVE PT ST-LUCIE-FL 23STREET ADDRESS 140 NE CAPRONA AVE 23STREET ADDRESS 140 NE CAPRONA AVE 24CITY-ST-ZIP TO LUCIE-FL 34960   | ļ         |
| NAME  HANAWALT, SCOTT  STREET ADDRESS  149 NE CAPRONA AVE  PT ST-LUCIE-FL  22 NAME  22 NAME  23 STREET ADDRESS  401 A S Indian River Orc.  24 CITY-ST-ZIP  150 LL ACREE FL 34950   | Addition  |
| STREET ADDRESS  149 NE CAPRONA AVE  23 STREET ADDRESS  401 A S Endian River Or.  17 ST-LUCIE FL  24 CITY-ST-ZIP  15 ort Acres Fl 34960   | ઇ         |
| CITY-ST-ZIP PT ST-LUCIE-FL 24CITY-ST-ZIP - LTake # ACREE FL 34760  |           |
| CHIT-SI-ZIF   1   O   COOKE   C  | 1         |
| TIME TO DELETE 3.1TILE TD Change   | Addition  |
| The second of th |           |
| NAME JOHNSTON, JANICE 32NAME 3222 Colonial 12d ste 200   | - 1       |
| SIREE ADDRESS TO THE CHILD FAIR I DECA TIO   |           |
|  | Addition  |
| TITLE SD Change SC   | 230,000   |
| NAME HATFIELD, GAIL  STREET ADDRESS 1900 S HARBOR CITY BLVD STE 124  4.2 NAME  4.2 NAME  4.2 NAME  4.3 STREET ADDRESS 2222 Coloniel Pad Suite 100  |           |
| STREET ADDRESS 1900 S HARBOR CITY BLVD STE 124  4.3 STREET ADDRESS 2222 CO/ONTO 100 STE 124  |           |
| CITY-ST-ZIP MELBOURNE FL 44CITY-ST-ZIP FONT ACCC P1 34950  | Addition  |
|  | AUDIUUM   |
| NAME GARBARINO-MAY, THERESA 52 NAME mi chael Dill man  |           |
| STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  CARE STREET ADDRESS  GARBANINU-MAY, THERESA  52 SETWIG AVE  53 STREET ADDRESS  7699 Wex Ford Way  FORT ST LUCIE FL  54 CITY-ST-ZIP  PORT ST LUCIE FL  54 CITY-ST-ZIP   |           |
|  | A 44:45a- |
| W State of the sta | Addition  |
| NAME DEROSS, JOSEPH J 62 NAME  |           |
| STREET ADDRESS 401 S INDIAN RIVER DR 6.3 STREET ADDRESS  |           |
| CITY-ST-ZIP FT PIERCE FL  14. Leavely calify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(3)(i) Florida Statutes. I further certify that the information stated in Section 119 07(3)(i) Florida Statutes. I further certify that the information stated in Section 119 07(3)(ii) Florida Statutes.  |           |

Country

30

Interest certify that the information supplied with this limit does not qualify for the exemption stated in Section 119.07(3)(f), Fronda Statutes. Interfer certify that the information indicated on this annual report or suppliemental 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 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 attach per with an address, with all other like empowered.

CR2E037 (11/98)