

FILE NOW: FILING FEE IS \$61.25

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

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

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 756175

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 34981
US

Mailing Address

P O BOX 12908
FT PIERCE FL 34979
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

3. Date Incorporated or Qualified

02/03/1981

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

9. Name and Address of Current Registered Agent

DEROSS, JOSEPH
401 S INDIAN RIVER DR
FT PIERCE FL 34950

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE: VD D
NAME: MAGEE, MICHAEL
STREET ADDRESS: 1895 HEDDEN PL
CITY-ST-ZIP: VERO BCH FL

TITLE: PD D
NAME: HANAWALT, SCOTT
STREET ADDRESS: 149 NE CAPRONA AVE
CITY-ST-ZIP: PT ST LUCIE FL

TITLE: JD D
NAME: JOHNSTON, JANICE
STREET ADDRESS: 146 NW CENTRAL PARK PLAZA #101
CITY-ST-ZIP: PORT ST LUCIE FL

TITLE: SD
NAME: HATFIELD, GAIL
STREET ADDRESS: 1900 S HARBOR CITY BLVD STE 124
CITY-ST-ZIP: MELBOURNE FL

TITLE: MD
NAME: GARBARINO-MAY, THERESA
STREET ADDRESS: 272 SE TWIG AVE
CITY-ST-ZIP: PORT ST LUCIE FL

TITLE: VD
NAME: DEROSS, JOSEPH J
STREET ADDRESS: 401 S INDIAN RIVER DR
CITY-ST-ZIP: FT PIERCE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: V D
1.2 NAME: JAMES ANDERSON
1.3 STREET ADDRESS: 1740 SW ST LUCIE BLVD
1.4 CITY-ST-ZIP: Port St Lucie FL 34986

2.1 TITLE: PD
2.2 NAME: Joseph De Ross JR
2.3 STREET ADDRESS: 401 A S Indian River Dr.
2.4 CITY-ST-ZIP: Fort Pierce FL 34950

3.1 TITLE: TD
3.2 NAME: JAMES HARTLEY CPA
3.3 STREET ADDRESS: 2222 Colonial Rd Ste 200
3.4 CITY-ST-ZIP: Fort Pierce FL 34950

4.1 TITLE: SD
4.2 NAME: Cindy McCall
4.3 STREET ADDRESS: 2222 Colonial Rd Suite 100
4.4 CITY-ST-ZIP: Fort Pierce FL 34950

5.1 TITLE: SVP D
5.2 NAME: Michael Dillman
5.3 STREET ADDRESS: 7694 Weyford Way
5.4 CITY-ST-ZIP: Port St Lucie FL 34986

6.1 TITLE:
6.2 NAME:
6.3 STREET ADDRESS:
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, with all other like empowered.

SIGNATURE: Theresa Garbarino-May
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 1-29-99 (56) 465-6011
Daytime Phone #

CR2E037 (1/98)