

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90098 019 ****61.25

DOCUMENT # 756175

1. Entity Name

EXCHANGE CLUB CENTER FOR THE PREVENTION OF CHILD

Principal Place of Business

Mailing Address

3525 W MIDWAY RD
 FT PIERCE FL 34901
 US

P O BOX 12908
 FT PIERCE FL 34979-2908
 US

910582



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2094472

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	VD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAGEE, MICHAEL	NAME	
STREET ADDRESS	1895 HEDDEN PL	STREET ADDRESS	
CITY-ST-ZIP	VERO BCH FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANAWALT, SCOTT	NAME	
STREET ADDRESS	149 NE CAPRONA AVE	STREET ADDRESS	
CITY-ST-ZIP	PT ST LUCIE FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSTON, JANICE	NAME	
STREET ADDRESS	148 NW CENTRAL PARK PLAZA #101	STREET ADDRESS	
CITY-ST-ZIP	PORT ST LUCIE FL	CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCALL, CINDY	NAME	DT James Hartley
STREET ADDRESS	1222 COLONIAL RD STE 100	STREET ADDRESS	2229 Colonial rd ste 200
CITY-ST-ZIP	FT PIERCE FL	CITY-ST-ZIP	Port Arce, FL 34950
TITLE	MD <input type="checkbox"/> Delete	TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARBARINO-MAY, THERESA	NAME	Michael Dillman
STREET ADDRESS	272 SE TWIG AVE	STREET ADDRESS	1555 NW SHW Blvd
CITY-ST-ZIP	PORT ST LUCIE FL	CITY-ST-ZIP	Port St Lucie FL 34986
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEROSS, JOSEPH J	NAME	James Anderson VD
STREET ADDRESS	401 S INDIAN RIVER DR	STREET ADDRESS	1850 Fountainview Blvd
CITY-ST-ZIP	FT PIERCE FL	CITY-ST-ZIP	Port St Lucie, FL 34986

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

(Signature)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/00

866-465-6011

Date

Daytime Phone #