

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90025 041 ****61.25

DOCUMENT # 756175

1. Entity Name

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

Principal Place of Business

Mailing Address

3525 W MIDWAY RD
 FT PIERCE FL 34981
 US

P O BOX 12908
 FT PIERCE FL 34979
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2094472

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip

Country

Zip

Country

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

TITLE **VD** Delete
 NAME **DILLMAN, MICHAEL**
 STREET ADDRESS **1555 NW SHU BLVD**
 CITY-ST-ZIP **PORT SAINT LUCIE FL 34986**

TITLE **T-D** Change Addition
 NAME **JAMES HARTLEY**
 STREET ADDRESS **2222 Colonial Rd #200**
 CITY-ST-ZIP **Fort Pierce, FL 34950**

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

TITLE **VD** Change Addition
 NAME **AL FORT**
 STREET ADDRESS **PO BOX 249**
 CITY-ST-ZIP **Fort Pierce, FL 34954**

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

TITLE **D** Change Addition
 NAME **ROBERT Gehrig**
 STREET ADDRESS **1405 SOUTH 25th St**
 CITY-ST-ZIP **Fort Pierce, FL 34947**

TITLE **VD** Delete
 NAME **ANDERSON, JAMES**
 STREET ADDRESS **1850 FOUNTAINBLEU BLVD**
 CITY-ST-ZIP **PORT SAINT LUCIE FL 34986**

TITLE **PD** Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

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

TITLE **D** Change Addition
 NAME **Gerry Hoellner**
 STREET ADDRESS **2601 Lazy Hammock Ln**
 CITY-ST-ZIP **Fort Pierce, FL 34981**

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

TITLE **D** Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

12. 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-17-02 (501) 465-6011