

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 09, 2004 8:00 am**  
**Secretary of State**

03-09-2004 90031 036 \*\*\*\*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**

2. Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



MOORE CR2E037 (11/03)

4. FEI Number      Applied For  
**59-2094472**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**  
**DEROSS, JOSEPH  
401 S. INDIAN RIVER DR  
FT PIERCE FL 34950**

**7. Name and Address of New Registered Agent**  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**10. OFFICERS AND DIRECTORS**      **9. Election Campaign Financing**      **\$5.00 May Be**      **Make Check Payable to**  
**Due By May 1, 2004**      Trust Fund Contribution.            Added to Fees      **Florida Department of State**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
VD	DILLMAN, MICHEAL	1555 ST. LUCIE WEST BLVD. #101	PORT SAINT LUCIE FL 34986	<input type="checkbox"/> Delete
PD	FORT, AL	PO BOX 249	FT PIERCE FL 34954	<input type="checkbox"/> Delete
D	DONADIO, ANTHONY	2125 WINDWARD WAY #205	VERO BEACH FL 32963	<input type="checkbox"/> Delete
D	ANDERSON, JAMES	1850 FOUNTAINBLEU BLVD	PORT SAINT LUCIE FL 34986	<input type="checkbox"/> Delete
D	TILLEY, JEANETTE T	300 NW PEACOCK BLVD.	PORT SAINT LUCIE FL 34986	<input type="checkbox"/> Delete
D	SCHWEIGER, ROBERT	9732 SW SANTA MONICA DR.	PALM CITY FL 34990	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
D	GERRY HOFFNER	2601 LAZY HAMMOCK LN.	FT. PIERCE, FL 34981	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D	JAMES HARTLEY	222 COLONIAL RD #200	FT. PIERCE, FL 34950	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D	KEN MASCARA	4700 W. MIDWAY ROAD	FT. PIERCE, FL 34981	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D	DR. ROBERT GFRIG	1405 S. 25TH STREET, SUITE B	FT. PIERCE, FL 34947	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D	JOANNE BAKER	2300 VIRGINIA AVE	FT. PIERCE, FL 34950	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D	DONNA GREENE	2211 OKEECHOBEE ROAD	FT. PIERCE, FL 34945	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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:** \_\_\_\_\_ **334** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #