



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90245 014 ****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 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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04172008 Chg-NP CR2E037 (12/06)	
4. FEI Number 59-2094472				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PPRE	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DILLMAN, MICHAEL		NAME		
STREET ADDRESS	501 ORANGE AVENUE		STREET ADDRESS		
CITY-ST-ZIP	FORT PIERCE, FL 34994		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIEGER, DAVID		NAME		
STREET ADDRESS	1680 SW ST. LUCIE WEST BLVD		STREET ADDRESS		
CITY-ST-ZIP	PORT ST LUCIE, FL 34986		CITY-ST-ZIP		
TITLE	PRE	<input type="checkbox"/> Delete	TITLE	Past President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEHRIG, ROBERT		NAME		
STREET ADDRESS	1405 S. 25TH STREET		STREET ADDRESS		
CITY-ST-ZIP	FORT PIERCE, FL 34947		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNWOODY, ROBERT		NAME		
STREET ADDRESS	1700 S 23RD STREET		STREET ADDRESS		
CITY-ST-ZIP	FORT PIERCE, FL 34950		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Thom Jones	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GREENE, DONNA		NAME	9698 SLS Hwy 1	
STREET ADDRESS	1600 S FEDERAL HWY		STREET ADDRESS	Port St. Lucie, FL 34950	
CITY-ST-ZIP	FORT PIERCE, FL 34950		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	Fin Mgr	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWEIGER, ROBERT		NAME		
STREET ADDRESS	9732 SW SANTA MONICA DR.		STREET ADDRESS		
CITY-ST-ZIP	PALM CITY, FL 34990		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Thom Jones</i>			Date: <i>May 4-17-08</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		