

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2009
Secretary of State

DOCUMENT# 756175

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

Current Principal Place of Business:

3525 W MIDWAY RD
FT PIERCE, FL 34981 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 12908
FT PIERCE, FL 34979 US

New Mailing Address:

FEI Number: 59-2094472 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PPRE () Delete
Name: DILLMAN, MICHAEL
Address: 501 ORANGE AVENUE
City-St-Zip: FORT PIERCE, FL 34994 US

Title: P () Delete
Name: RIEGER, DAVID
Address: 1680 SW ST.LUCIE WEST BLVD
City-St-Zip: PORT ST LUCIE, FL 34986 US

Title: P () Delete
Name: GEHRIG, ROBERT
Address: 1405 S. 25TH STREET
City-St-Zip: FORT PIERCE, FL 34947 US

Title: T () Delete
Name: DUNWOODY, ROBERT
Address: 1700 S 23RD STREET
City-St-Zip: FORT PIERCE, FL 34950

Title: V () Delete
Name: JONES, THOM
Address: 9648 SUS HWY 1
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: MGR () Delete
Name: SCHWEIGER, ROBERT
Address: 9732 SW SANTA MONICA DR.
City-St-Zip: PALM CITY, FL 34990

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V (X) Change () Addition
Name: BALDASSARI, BOB
Address: 1916 PERFECT DRIVE
City-St-Zip: PORT ST. LUCIE, FL 34986 US

Title: PPRE (X) Change () Addition
Name: RIEGER, DAVID
Address: 1680 SW ST.LUCIE WEST BLVD
City-St-Zip: PORT ST LUCIE, FL 34986 US

Title: V (X) Change () Addition
Name: CHRISTIANSEN, PATRICIA
Address: 121 SW PORT ST. LUCIE BLVD.
City-St-Zip: PORT ST. LUCIE, FL 34984 US

Title: TREA (X) Change () Addition
Name: DUNWOODY, ROBERT
Address: 1700 S 23RD STREET
City-St-Zip: FORT PIERCE, FL 34950

Title: PRES (X) Change () Addition
Name: JONES, THOM
Address: 9648 SUS HWY 1
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOM JONES

PRES

01/15/2009

Electronic Signature of Signing Officer or Director

Date