2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#756175

FILED Jan 04, 2011 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

3525 W MIDWAY RD

FT PIERCE, FL 34981 US

Current Mailing Address: New Mailing Address:

P O BOX 12908

FT PIERCE, FL 34979 US

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DEROSS, JOSEPH 426 AVENUE A

FT PIERCE, FL 34950 US

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:

BALDASSARI, BOB Name: Address: 1916 PERFECT DRIVE City-St-Zip: PORT ST. LUCIE, FL 34986 US

Title: **PPRE**

Name: DEROSS, JOSPEH Address: 426 AVENUE A

City-St-Zip: FORT PIERCE, FL 34950 US

Title: TRS

STARR, JONATHAN Name:

2946 NE SEWALL'S LANDING WAY Address: City-St-Zip: JENSEN BEACH, FL 34957 US

Title:

Name: DUNWOODY, ROBERT Address: 1700 S 23RD STREET City-St-Zip: FORT PIERCE, FL 34950

Title: PPRE

DILLMAN, MICHAEL Name: 501 ORANGE AVE Address: FORT PIERCE, FL 34950 City-St-Zip:

Title:

BAKER, JOANNE Name: Address: 2300 VIRGINIA AVE FORT PIERCE, FL 34982 City-St-Zip:

I hereby 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 all other like empowered.

SIGNATURE: BOB BALDASSARI **PRES** 01/04/2011