

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756175

FILED
Jan 05, 2012
Secretary of State

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
426 AVENUE A
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
Name: BALDASSARI, BOB
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
Name: STARR, JONATHAN
Address: 2946 NE SEWALL'S LANDING WAY
City-St-Zip: JENSEN BEACH, FL 34957 US

Title: PRES
Name: CHRISTIANSEN, PATRICIA
Address: 4100 SELVITZ ROAD
City-St-Zip: FORT PIERCE, FL 34981

Title: VP
Name: PAROLISE, PATRICIA
Address: 1900 SW FOUNTAINVIEW BLVD
City-St-Zip: PORT ST. LUCIE, FL 34986

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

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: THERESA GARBARINO MAY

ED

01/05/2012

Electronic Signature of Signing Officer or Director

_____ Date