

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90022 013 ****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

00009888



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2094472**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
TD	HARTLEY, JAMES	2222 COLONIAL RD #200	FORT PIERCE FL 34950	<input type="checkbox"/>
VD	FORT, AL	PO BOX 249	FT PIERCE FL 34954	<input checked="" type="checkbox"/>
D	GEHRIG, ROBERT	1405 SOUTH 25TH ST	FORT PIERCE FL 34947	<input type="checkbox"/>
PD	ANDERSON, JAMES	1850 FOUNTAINBLEU BLVD	PORT SAINT LUCIE FL 34986	<input checked="" type="checkbox"/>
D	HOEFFNER, GERRY	2601 LAZY HAMMOCK LN	FORT PIERCE FL 34981	<input type="checkbox"/>
D	DEROSS, JOSEPH J	401 S INDIAN RIVER DR	FT PIERCE FL	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
VD	Michael Dillman	1555 St. Lucie West Blvd, #101	Port St. Lucie, FL 34986	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PD	Al Fort	PO Box 249	Fort Pierce, FL 34954	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	Anthony Donadio	2125 Winward Way, #205	Vero Beach, FL 32963	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	James Anderson	1850 Fountainview Blvd.	Port St. Lucie, FL 34986	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	Jeanette Tilley	300 NW Peacock Blvd.	Port St. Lucie, FL 34986	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Robert Schweiger	9732 SW Santa Monica Dr.	Palm City, FL 34990	<input type="checkbox"/>	<input checked="" type="checkbox"/>

CR2E037 (10/02)

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: Theresa Barberino Theresa Barberino-May 1-7-03 772-465-6011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR