

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000007004

FILED
Mar 27, 2012
Secretary of State

Entity Name: LIFEBUILDERS OF THE TREASURE COAST, INC.

Current Principal Place of Business:

216 SOUTH 2ND STREET
FORT PIERCE, FL 34950

New Principal Place of Business:

Current Mailing Address:

216 SOUTH 2ND STREET
FORT PIERCE, FL 34950

New Mailing Address:

FEI Number: 27-0628451

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALONZO LAW OFFICES, P.A.
217 AVENUE A
FORT 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: PD
Name: LITTY, DIAMOND
Address: 216 SOUTH 2ND STREET
City-St-Zip: FORT PIERCE, FL 34950

Title: VPD
Name: FONTEYN, LISA
Address: 216 SOUTH 2ND STREET
City-St-Zip: FORT PIERCE, FL 34950

Title: TD
Name: ALONZO, KATHARINE
Address: 216 SOUTH 2ND STREET
City-St-Zip: FORT PIERCE, FL 34950

Title: SD
Name: WEBSTER, KRISTEN
Address: 216 SOUTH 2ND STREET
City-St-Zip: FORT PIERCE, FL 34950

Title: D
Name: ROEBUCK, PAMELA
Address: 100 EAST OCEAN DR. SUITE 400
City-St-Zip: STUART, FL 34994

Title: D
Name: ALONZO, EDMOND
Address: 217 AVENUE A
City-St-Zip: FORT PIERCE, FL 34950

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: KATHARINE ALONZO

TD

03/27/2012

Electronic Signature of Signing Officer or Director

Date