

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000005234

1. Entity Name

THE JEANNE SLOAN CLEAR SAILING DROP-IN CENTER OF  
THE TREASURE COAST, INC.

**FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90141 009 \*\*\*\*70.00

Principal Place of Business

Mailing Address

812 NORTH 7TH STREET  
FT. PIERCE FL 34950  
US

C/O NEW HORIZONS ADMINISTRATION  
4500 W. MIDWAY RD.  
FT PIERCE FL 34981  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

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

TALBOTT, DOUGLAS  
NEW HORIZONS OF THE TREASURE COAST, INC.  
4500 W. MIDWAY RD.  
FT PIERCE FL 34981

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.

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  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PANAIA, DOUG 1754 W SANDERLING LANE FT PIERCE FL 34982	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP PROCIDA, ROSA 5093 DEANNA LN FT. PIERCE FL 34946	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS--change ROBINSON, RALPH 1319-A PEPPERTREE TRAIL FT PIERCE FL 34950	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GOLPHIN, BRENDA P O BOX 1471 FORT PIERCE FL 34954	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D change title DAVIS, ANNIE 2202 AVE. E FT. PIERCE FL 34950	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Tammy Pike 2700 Placid Avenue Fort Pierce, Florida 34982	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board Member Gwendolyn Bradley 2600 Navajo Avenue Fort Pierce, Florida 34946	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board member Linda Milliken 5559 N. US 1 Fort Pierce, Florida 34946	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/02 561-  
468-5600  
Date Daytime Phone #

CR2E037 (9/01)