

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Feb 04, 2013
Secretary of State
CC1202561459

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

Current Mailing Address:

P O BOX 12908
FT PIERCE, FL 34979 US

FEI Number: 59-2094472

Certificate of Status Desired: No

Name and Address of Current 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

Officer/Director Detail :

Title DIRECTOR
Name DIBARTOLOMEO, BARBARA
Address 9607 ENCLAVE PLACE
City-State-Zip: PORT ST. LUCIE FL 34986

Title TRS
Name STARR, JONATHAN
Address 2946 NE SEWALL'S LANDING WAY
City-State-Zip: JENSEN BEACH FL 34957

Title PRES
Name CHRISTENSEN, PATRICIA
Address 1907 SW BURLINGTON ST
City-State-Zip: PORT ST. LUCIE FL 34984

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

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

Title DIRECTOR
Name MARRAFFA, LYNETTE
Address 2833 SE EAGLE DR
City-State-Zip: PORT ST. LUCIE FL 34984

Title DIRECTOR
Name WARNS, MADELEINE
Address 9045 ONE PUTT PLACE
City-State-Zip: PORT ST. LUCIE FL 34986

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: CHRISTENSEN , PATRICIA

PRESIDENT

02/04/2013

Electronic Signature of Signing Officer/Director Detail

Date