

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 756175

**FILED**  
**Jan 13, 2014**  
**Secretary of State**  
**CC6305182420**

**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: Yes**

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

Title SECRETARY  
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

Title VP  
Name SILVER, STANLEY  
Address 7700 WEXFORD WAY  
City-State-Zip: PORT ST. LUCIE FL 34986

Title TREASURER  
Name JONES, THOM  
Address 492 NW CONCOURSE PLACE  
City-State-Zip: PORT ST. LUCIE FL 34986

Title PRESIDENT  
Name DILLMAN, MICHAEL  
Address 101 N US HWY 1  
SUITE 120  
City-State-Zip: FORT PIERCE FL 34950

Title DIRECTOR  
Name ADKINS, VICTORIA  
Address 601 CITRUS AVE  
City-State-Zip: FORT PIERCE FL 34950

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*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: MICHAEL DILLMAN**

**PRESIDENT**

**01/13/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name HAISLEY-WHEELER, QUINN  
Address 3015 OKEECHOBEE RD  
City-State-Zip: FORT PIERCE FL 34947

Title DIRECTOR  
Name DEROSS, JOSEPH  
Address 426 AVENUE A  
City-State-Zip: FORT PIERCE FL 34950

Title DIRECTOR  
Name RONCAGLIONE, TAMMY  
Address 9815 S US 1  
City-State-Zip: PORT ST. LUCIE FL 34952

Title DIRECTOR  
Name TURNER, RITA  
Address 9037 CHAMPIONS WAY  
City-State-Zip: PORT ST. LUCIE FL 34986

Title DIRECTOR  
Name SNYDER, RACHEL  
Address 51 SW FLAGLER AVE  
209  
City-State-Zip: STUART FL 34994

Title DIRECTOR  
Name HUNGER, RICK  
Address 7698 WEXFORD WAY  
City-State-Zip: PORT ST. LUCIE FL 34986

Title DIRECTOR  
Name ROLLINS, JEFF  
Address 715 DELAWARE AVE  
City-State-Zip: FORT PIERCE FL 34950