

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 756175

**FILED**  
**Jan 18, 2017**  
**Secretary of State**  
**CC5910517588**

**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:**

MARRAFFA, LYNETTE  
2833 SE EAGLE DRIVE  
PORT ST. LUCIE, FL 34984 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:** LYNETTE MARRAFFA

01/18/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

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

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

Title           SECRETARY  
Name           HADDOX, KELLEY  
Address        3812 SE FAIRWAY W.  
City-State-Zip: STUART FL 34997

Title           DIRECTOR  
Name           BAILEY, JAKE  
Address        9700 RESERVE BLVD.  
City-State-Zip: PORT ST. LUCIE FL 34986

**Continues on page 2**

*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:** LYNETTE MARRAFFA

**PRESIDENT**

01/18/2017

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name O'NEIL, WENDY  
Address 120 CHINABERRY LANE  
City-State-Zip: VERO BEACH FL 32963

Title DIRECTOR  
Name WALLACH, MARILYN  
Address 5230 ST. ANDREWS ISLAND DR  
City-State-Zip: VERO BEACH FL 32967

Title DIRECTOR  
Name MCKEE, PHYLLIS  
Address 8918 FIRST TEE ROAD  
City-State-Zip: PORT ST. LUCIE FL 34986

Title DIRECTOR  
Name MORIN, PENNY  
Address 1100 SW ST. LUCIE WEST BLVD.  
City-State-Zip: PORT ST. LUCIE FL 34953