2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2016
Secretary of State
CC7619631645

DOCUMENT# 756175

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:

SILVER, STANLEY
7700 WEXFORD WAY
PORT ST. LUCIE, FL 34986 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: STANLEY SILVER 02/03/2016

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

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

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

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

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

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

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: STANLEY SILVER PRESIDENT 02/03/2016

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

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

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

Title	DIRECTOR
Name	WATFORD, DOWLING
Address	3175 HWY 441 SOUTH
City-State-Zip:	OKEECHOBEE FL 34972

Title	DIRECTOR
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

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

Title	DIRECTOR
Name	SPYTEK, ROSE
Address	623 17TH STREET
City-State-Zip:	VERO BEACH FL 32960

Title	DIRECTOR
Name	WILLIAMS, SHAUN
Address	1549 NW ST. LUCIE WEST BLVD.
City-State-Zip:	PORT ST. LUCIE FL 34986

Title	DIRECTOR
Name	TERRIO, MICHAEL
Address	542 NW UNIVERSITY BLVD.
City-State-Zip:	PORT ST. LUCIE FL 34953

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