

**2020 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

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:**

SNYDER, RACHEL  
3525 W MIDWAY RD  
FORT PIERCE, FL 34981 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: RACHEL SNYDER**

**02/18/2020**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

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

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

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

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

Title DIRECTOR  
Name CUNZO, KIM  
Address 1081 ALCANTARRA BLVD  
City-State-Zip: PORT ST. LUCIE FL 34953

Title DIRECTOR  
Name HOOKER, DEBORAH  
Address 401 NW 6TH ST  
City-State-Zip: OKEECHOBEE FL 34972

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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: RACHEL SNYDER**

**PRESIDENT**

**02/18/2020**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           DILLMAN, MICHAEL  
Address        3525 W MIDWAY RD  
City-State-Zip: FT PIERCE FL 34981

Title           CEO  
Name           ROBERTSON, CHRISTOPHER  
Address        3525 W MIDWAY RD  
City-State-Zip: FT PIERCE FL 34981