

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000007004

FILED
Jan 12, 2021
Secretary of State
4398543695CC

Entity Name: LIFEBUILDERS OF THE TREASURE COAST, INC.

Current Principal Place of Business:

216 SOUTH 2ND STREET
FORT PIERCE, FL 34950

Current Mailing Address:

1664 SE WALTON ROAD
SUITE 203
PORT ST. LUCIE, FL 34952 US

FEI Number: 27-0628451

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TREASURE COAST LEGAL
100 SW ALBANY AVE STE310
STUART, FL 34950-3499 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 PD
Name LITTY, DIAMOND
Address 216 SOUTH 2ND STREET
City-State-Zip: FORT PIERCE FL 34950

Title VPD
Name FONTEYN, LISA
Address 216 SOUTH 2ND STREET
City-State-Zip: FORT PIERCE FL 34950

Title TD
Name ALONZO, KATHARINE
Address 216 SOUTH 2ND STREET
City-State-Zip: FORT PIERCE FL 34950

Title D
Name ALONZO, EDMOND
Address PO BOX 880331
City-State-Zip: PORT ST. LUCIE FL 34988

Title DIRECTOR
Name VANDUZER, SCOTT
Address 2311 S. 35TH STREET
City-State-Zip: FT. PIERCE FL 34981

Title DIRECTOR
Name DERRICO, NICHOLAS
Address 7350 US 1
City-State-Zip: PORT ST. LUCIE FL 34952

Title DIRECTOR
Name KAHLE, LISA
Address 6755 4TH STREET
City-State-Zip: VERO BEACH FL 32968

Title DIRECTOR
Name IZZO, CARMINE
Address 121 SW PORT ST. LUCIE BLVD.
City-State-Zip: PORT ST. LUCIE FL 34984

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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: KATHARINE ALONZO

TREASURER

01/12/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name VEGA, WILLIAM
Address 121 SW PORT ST. LUCIE BLVD.
City-State-Zip: PORT ST. LUCIE FL 34984

Title DIRECTOR
Name TOWNSEND, CATHY
Address 2300 VIRGINIA AVE.
City-State-Zip: FT. PIERCE FL 34950

Title DIRECTOR
Name WADSWORTH, CAMERON
Address 7075 SHANAS TRAIL
City-State-Zip: PORT ST. LUCIE FL 34952

Title DIRECTOR
Name ADAMS, THAYER
Address 700 BEACH ROAD
247
City-State-Zip: INDIAN RIVER SHORES FL 32963