

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000007004

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

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

Title SECRETARY, DIRECTOR  
Name BRASWELL, LINDA  
Address 626 SE MONTEREY ROAD  
City-State-Zip: STUART FL 34994

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

Title D  
Name ALONZO, EDMOND  
Address 250 NW COUNTRY CLUB DRIVE  
City-State-Zip: PORT ST. LUCIE FL 34986

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

Title D  
Name SANTOS, ROBERT  
Address 121 SW PORT ST. LUCIE BLVD.  
City-State-Zip: PORT ST. LUCIE FL

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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****08/06/2018**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

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

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