

**2015 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:**

216 SOUTH 2ND STREET  
FORT PIERCE, FL 34950

**FEI Number: 27-0628451**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

ALONZO LAW OFFICES, P.A.  
217 AVENUE A  
FORT PIERCE, FL 34950 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 217 AVENUE A  
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 DIRECTOR  
Name DERRICO, NICHOLAS  
Address 7350 US 1  
City-State-Zip: PORT ST. LUCIE FL 34952

Title DIRECTOR  
Name MOWERY, TOD  
Address 2300 VIRGINIA AVE  
City-State-Zip: FT. PIERCE FL 34982

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

**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: KATHARINE ALONZO**

**TREASURER**

**04/13/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

Title D  
Name PEREZ, JOHN  
Address 800 SE MONTEREY RD.  
City-State-Zip: STUART FL 34994