

2013 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 SD
Name BRACKEN, KRISTEN
Address 216 SOUTH 2ND STREET
City-State-Zip: FORT PIERCE FL 34950

Title D
Name ROEBUCK, PAMELA
Address 100 EAST OCEAN DR. SUITE 400
City-State-Zip: STUART FL 34994

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

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****04/10/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

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