

**2015 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL
REPORT**

DOCUMENT# N10000001851

Entity Name: CHOICE TO CHANGE, INC.

Current Principal Place of Business:

2101 VISTA PARKWAY
SUITE 202
WEST PALM BEACH, FL 33411

Current Mailing Address:

17772 BRIDLE LANE
JUPITER, FL 33477

FEI Number: 27-1984536

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HELGESEN, ANDREW
11380 PROSPERITY FARMS ROAD
SUITE 201
PALM BEACH GARDEN, FL 33410 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 EXEXUTIVE DIRECTOR/ PRESIDENT
Name TRIMBLE, LYNN
Address 17772 BRIDLE LANE
City-State-Zip: JUPITER FL 33477

Title TREASURER
Name TWOEY, BRITTANY
Address 15465 105TH COURT NORTH
City-State-Zip: JUPITER FL 33478

Title SECRETARY
Name TWOEY, MARTIE
Address 12040 169TH COURT
City-State-Zip: JUPITER FL 33478

Title ADVISORY
Name JACKSON LAWSON, PAULINE SOPHIA
Address 3017 SANTA MARGARITA ROAD
City-State-Zip: WEST PALM BEACH FL 33411

Title VP
Name ANDERSON,PHD, LCSW, RAQUEL
Address 107 BELLEFONTAINE LANE
City-State-Zip: JUPITER FL 33458

Title ADVISORY BOARD
Name PORT, KATIE
Address 2021 N CONFERENCE DRIVE
City-State-Zip: BOCA RATON FL 33486

Title ADVISORY BOARD
Name WHELIHAN, DAVE
Address 18629 LOCHPOINT COURT
City-State-Zip: JUPITER FL 33458

Title ADVISORY
Name TWOEY, EMERY
Address 12040 169TH COURT NORTH
City-State-Zip: JUPITER FL 33478

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: LYNN TRIMBLE

PRESIDENT

07/17/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title LICENSED CLINICAL SOCIAL WORKER SENIOR
 SUPERVISOR
Name STONE, LCSW, DEBRA L
Address 1717 NORTH FLAGLER DRIVE
 SUITE 5
City-State-Zip: WEST PALM BEACH FL 33407

Title LICENSE MENTAL HEALTH
 COUNSELOR SUPERVISOR
Name BENCOSME LMHC, GLORIA S
Address 2781 10TH AVENUE NORTH #111
City-State-Zip: LAKE WORTH FL 33461