

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000001851

**Entity Name:** CHOICE TO CHANGE, INC.**Current Principal Place of Business:**801 NORTH POINT PARKWAY  
SUITE 61  
WEST PALM BEACH, FL 33407**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  
Name        TRIMBLE, LYNN  
Address     17772 BRIDLE LANE  
City-State-Zip: JUPITER FL 33477

Title        PRESIDENT  
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 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

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

Title        ADVISORY  
Name        WATERMAN, LAURA  
Address     12276 59TH ST N  
City-State-Zip: ROYAL PALM BEACH FL 33411

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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:** LYNN TRIMBLE**EX DIRECTOR****07/02/2020**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	TREASURER	Title	VP
Name	TALABAC, RENEE	Name	TRIMBLE, LEAH
Address	505 PRENTICE RD NW	Address	17772 BRIDLE LANE
City-State-Zip:	WARREN OH 44481	City-State-Zip:	JUPITER FL 33477