

**2024 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL
REPORT**

DOCUMENT# N10000001851

Entity Name: CHOICE TO CHANGE, INC.

Current Principal Place of Business:

1897 PALM BEACH LAKES BLVD
SUITE 209
WEST PALM BEACH, FL 33409

Current Mailing Address:

17736 MELLEN LN
JUPITER, FL 33478 US

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 EXECUTIVE DIRECTOR
Name TRIMBLE, LYNN
Address 17736 MELLEN LANE
City-State-Zip: JUPITER FL 33478

Title PRESIDENT
Name TWOEY, BRITTANY
Address 15741 92ND WAY N
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 LICENSE MENTAL HEALTH
COUNSELOR SUPERVISOR
Name BENCOSME LMHC, GLORIA S
Address 2781 10TH AVENUE NORTH #111
City-State-Zip: LAKE WORTH FL 33461

Title TREASURER
Name TALABAC, RENEE
Address 505 PRENTICE RD NW
City-State-Zip: WARREN OH 44481

Title VP
Name DOWD, COLLEEN
Address 16360 115TH AVE N
City-State-Zip: JUPITER FL 33478

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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

EXECUTIVE DIRECTOR

03/30/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	EVENT CHAIRMAN
Name	HICKMAN, LEAH B
Address	1899 SW WILDCAT TRAIL
City-State-Zip:	STUART FL 34997