

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000002293

Entity Name: SARAH'S KITCHEN OF THE TREASURE COAST, INC.**Current Principal Place of Business:**2401 SE SIDONIA ST.
PORT ST LUCIE, FL 34952**Current Mailing Address:**295 NW PRIMA VISTA
PORT ST LUCIE, FL 34983 US**FEI Number:** 46-2301740**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CAREY, ROBERT
1280 SW CEDAR COVE
PORT ST LUCIE, FL 34986 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 PRESIDENT
Name CAREY, ROBERT
Address 1280 SW CEDAR COVE
City-State-Zip: PORT ST LUCIE FL 34986

Title CHAIRMAN
Name DANGERFIELD, DAVE
Address 295 NW PRIMA VISTA BLVD
City-State-Zip: PORT ST LUCIE FL 34983

Title BOARD MEMBER
Name FARNES, VANESSA
Address 247 SW PORT ST. LUCIE BLVD.
City-State-Zip: PORT ST LUCIE FL 34984

Title BOOK KEEPER
Name BARR, DEBBIE A
Address 2678 SW MONTERREY LANE
City-State-Zip: PORT ST. LUCIE FL 34953

Title EXECUTIVE DIRECTOR
Name SUMMERS, JULIE
Address 381 SW RIDGECREST DR.
City-State-Zip: PORT ST. LUCIE FL 34953

Title BOARD MEMBER
Name HORAN, DAVID
Address 10120 CROSBY PLACE
City-State-Zip: PORT ST. LUCIE FL 34986

Title BOARD MEMBER
Name LANDRY, NANCY
Address 1151 DEL RIO BLVD.
City-State-Zip: PORT ST. LUCIE FL 34953

Title BOARD MEMBER
Name PETERSON, DOUGLAS
Address 716 SW TILLBO COVE
City-State-Zip: PORT ST. LUCIE FL 34986

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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: DEBBIE A. BARR**BOOK KEEPER****03/22/2017**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title BOARD MEMBER
Name BAGWELL, JOHN
Address C/O WALMART TRANSPORTATION
 4001 S. JENKINS RD.
City-State-Zip: FORT PIERCE FL 34981

Title BOARD MEMBER
Name BURNS, AMY ESQ.
Address C/O FLORIDA RURAL LEGAL
 SERVICES
 121 N. 2ND ST. 4TH FLOOR
City-State-Zip: FORT PIERCE FL 34950