

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

DOCUMENT# N13000002293

**FILED**  
**Mar 07, 2020**  
**Secretary of State**  
**7068087894CC**

**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            WILLIAMS, BOBBIE SR.  
Address        11398 SW FIELDSTONE WAY  
City-State-Zip: PORT ST LUCIE FL 34987

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

**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: DEBBIE A. BARR**

**BOOK KEEPER**

**03/07/2020**

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