

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 08, 2003 8:00 am**  
**Secretary of State**

04-10-2003 90101 033 \*\*\*\*61.25  
09-08-2003 90138 039 \*\*\*\*61.25

0017743

**DOCUMENT # N00000003786**

1. Entity Name

**TREASURE COAST CHILDREN AND FAMILY SERVICES INC.**



Principal Place of Business

2501 31ST AVE. SUITE A2-1  
VERO BEACH FL 32960

Mailing Address

2501 31ST AVE. SUITE A2-1  
VERO BEACH FL 32960

2. Principal Place of Business

2501 31st Ave

3. Mailing Address

2501 31st Ave

Suite, Apt. #, etc.

A-2

Suite, Apt. #, etc.

A-2

City & State

VERO BEACH

City & State

FL. 32960

Zip

32960

Country

I.R.

Zip

32960

Country

I.R.



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1021429**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**WAITE, GERRY L**  
**2836 ATLANTIC BLVD**  
**VERO BEACH FL 32960**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

**After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **WAITE, GERRY L**  
STREET ADDRESS **2836 ATLANTIC BLVD**  
CITY-ST-ZIP **VERO BEACH FL 32960**

TITLE **D** ☐ Delete  
NAME **GUARINE, JOSEPH W**  
STREET ADDRESS **7345 33RD AVE**  
CITY-ST-ZIP **VERO BEACH FL 32967**

TITLE **D** ☐ Delete  
NAME **DONGHIA, RENATE**  
STREET ADDRESS **6605 OCALA AVENUE**  
CITY-ST-ZIP **FORT PIERCE FL 34951**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition  
NAME **Channing Board**  
STREET ADDRESS **555 3rd Ave Vero Beach**  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME **Secretary Treasurer**  
STREET ADDRESS **Frank Galaska**  
CITY-ST-ZIP **99 West Carrington**

TITLE ☐ Change ☐ Addition  
NAME **Postmaster, P. 34951**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/14/03 778-567-495

CPRE037 (4/03)