

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N01000008581**

1. Entity Name

CRISIS LINE OF THE TREASURE COAST, INC.

Principal Place of Business

Mailing Address

**821 E OCEAN BLVD STE B
STUART FL 34994****821 E OCEAN BLVD STE B
STUART FL 34994**

2. Principal Place of Business

3. Mailing Address

P.O. Box 582

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Jensen Beach, FL

4. FEI Number

59-3760940

Applied For

Not Applicable

Zip

Country

Zip

Country

34958**US**5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BUTLER, JAMES J III
821 E OCEAN BLVD STE B
STUART FL 34994**

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.

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**President
Paris Mano
108 NW Everglades Blvd.
Stuart, FL 34994** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
Stacy Johnson
8405 S Indian River Drive
Fort Pierce, FL 34972** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
Joan Goodman
6521 SE Clairmont Place
Hobe Sound, FL 33455** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
Raymond Puro
1582 SE Andrews Street
Stuart, FL 34996** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Georgette Brown
621 NE Zebrina Senda
Jensen Beach, FL 34957** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Jane Roberts-Mangino
2929 SE Ocean Blvd. 144-4
Stuart, FL 34996** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:**Paris Mano, Pres.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90018 009 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)