


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 17, 2004 8:00 am**  
**Secretary of State**

02-17-2004 90033 027 \*\*\*\*61.25

|   |  |   |   |  |  |
|---|--|---|---|--|--|
| <b>DOCUMENT # N01000008581</b><br>1. Entity Name<br><b>CRISIS LINE OF THE TREASURE COAST, INC.</b>  |  |   |   |   |  |
| Principal Place of Business<br><b>607 ST. LUCIE CRECENT<br/>STUART, FL 34994</b>  |  |   | Mailing Address<br><b>P.O. BOX 582<br/>JENSEN BEACH, FL 34958</b> |  |  |
| 2. Principal Place of Business  |  | 3. Mailing Address  |   |  |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.   |   |  |  |
| City & State  |  | City & State  |   | 4. FEI Number<br><b>59-3760940</b>   |  |
| Zip   |  | Country   |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |  |
| 6. Name and Address of Current Registered Agent   |  |   |   | 7. Name and Address of New Registered Agent  |  |
| <b>BUTLER, JAMES J. III</b><br><b>821 E OCEAN BLVD STE B</b><br><b>STUART, FL 34994</b>   |  |   |   | Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |  |   |   |  |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2004</b>   |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be Added to Fees</b>   |  |
| Make check payable to<br><b>Florida Department of State</b>   |  |   |   |  |  |
| 10. OFFICERS AND DIRECTORS  |  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10             |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | P<br><b>MANO, PARIS</b><br><b>8405 S. INDIAN ROVER DR.</b><br><b>FT. PIERCE, FL 34972</b>        | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                    | D<br><b>Felton, Jerry</b><br><b>1064 NW Spruce Ridge Dr.</b><br><b>Stuart, FL 34994</b>  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VP<br><b>JOHNSON, STACEY</b><br><b>8405 S INDIAN RIVER DRIVE</b><br><b>FORT PIERCE, FL 34972</b> | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                    | P<br><b>Johnson, Stacy</b><br><b>8405 S Indian River Drive</b><br><b>Fort Pierce, FL 34982</b>   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | S<br><b>GOODMAN, JOAN</b><br><b>6521 SE CLAIRMONT PLACE</b><br><b>HOBE SOUND, FL 33455</b>       | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | T<br><b>RAYMOND, PURO</b><br><b>1582 SE ANFREWS ST.</b><br><b>STUART, FL 34996</b>               | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br><b>BROWN, GEORGETTE</b><br><b>621 NE ZEBRINA SENDA</b><br><b>JENSEN BEACH, FL 34957</b>     | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br><b>ROBERTS-MANGINO, JANE</b><br><b>2929 SE OCEAN BLVD. 144-4</b><br><b>STUART, FL 34996</b> | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                    | <input type="checkbox"/> Change <input type="checkbox"/> 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. |  |   |   |  |  |
| <b>SIGNATURE: Stacy Johnson</b> <i>Stacy Johnson</i> <b>2-13-04</b> <b>772 463-1628</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>   |  |   |   |  |  |