

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90071 049 ****61.25

DOCUMENT # N01000008581

1. Entity Name
 CRISIS LINE OF THE TREASURE COAST, INC.



Principal Place of Business
 607 ST. LUCIE CRECENT
 STUART, FL 34994

Mailing Address
 P.O. BOX 582
 JENSEN BEACH, FL 34958



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01122005 Chg-NP CR2E037 (10/03)

4. FEI Number
 59-3760940

Applied For
 Not Applicable

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. 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

Filing Fee is \$61.25
 Due by May 1, 2005

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D Delete
 NAME FELTON, JERRY
 STREET ADDRESS 1064 NW SPRUCE RIDGE DR.
 CITY-ST-ZIP STUART, FL 34994

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE P Delete
 NAME JOHNSON, STACEY
 STREET ADDRESS 8405 S INDIAN RIVER DRIVE
 CITY-ST-ZIP FORT PIERCE, FL 34972

TITLE D Change Addition
 NAME Johnson, Stacy
 STREET ADDRESS 8405 S. Indian River Drive
 CITY-ST-ZIP Ft. Pierce, FL 34982

TITLE S Delete
 NAME GOODMAN, JOAN
 STREET ADDRESS 6521 SE CLAIRMONT PLACE
 CITY-ST-ZIP HOBE SOUND, FL 33455

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE T Delete
 NAME RAYMOND, PURO
 STREET ADDRESS 1582 SE ANFREWS ST.
 CITY-ST-ZIP STUART, FL 34996

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D Delete
 NAME BROWN, GEORGETTE
 STREET ADDRESS 621 NE ZEBRINA SENDA
 CITY-ST-ZIP JENSEN BEACH, FL 34957

TITLE P Change Addition
 NAME Butler, James J. III
 STREET ADDRESS 821 E. Ocean Blvd. Ste B
 CITY-ST-ZIP Stuart, FL 34994

TITLE D Delete
 NAME ROBERTS-MANGINO, JANE
 STREET ADDRESS 2929 SE OCEAN BLVD. 144-4
 CITY-ST-ZIP STUART, FL 34996

TITLE D Change Addition
 NAME Erdman, Barbara
 STREET ADDRESS 1984 SE Bowie Street
 CITY-ST-ZIP Port St. Lucie, FL 34952

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: Raymond Puro

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/05

Date

Daytime Phone #