


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2007 8:00 am
Secretary of State

03-22-2007 90002 046 ****61.25

DOCUMENT # N01000008581	
1. Entity Name CRISIS LINE OF THE TREASURE COAST, INC.	

40039478



Principal Place of Business 607 ST. LUCIE CRECENT STUART, FL 34994	Mailing Address P.O. BOX 582 JENSEN BEACH, FL 34958
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01182007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-3760940		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$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, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D	<input type="checkbox"/> Delete		TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	FELTON, JERRY			NAME	Butler, James J. III		
STREET ADDRESS	1064 NW SPRUCE RIDGE DR.			STREET ADDRESS	821 E. Ocean Blvd. Ste. B		
CITY-ST-ZIP	STUART, FL 34994			CITY-ST-ZIP	Stuart, FL 34994	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNSON, STACEY			NAME			
STREET ADDRESS	8405 S INDIAN RIVER DRIVE			STREET ADDRESS			
CITY-ST-ZIP	FORT PIERCE, FL 34982			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GOODMAN, JOAN			NAME			
STREET ADDRESS	6521 SE CLAIRMONT PLACE			STREET ADDRESS			
CITY-ST-ZIP	HOBE SOUND, FL 33455			CITY-ST-ZIP			
TITLE	T	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RAYMOND, PURO			NAME			
STREET ADDRESS	1582 SE ANFREWS ST.			STREET ADDRESS			
CITY-ST-ZIP	STUART, FL 34996			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PURO, RAYMOND			NAME			
STREET ADDRESS	1473 SE ANDREW ST			STREET ADDRESS			
CITY-ST-ZIP	STUART, FL 34996			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RUSCH, JACKIE			NAME			
STREET ADDRESS	5297 SW ANHINGA AVE			STREET ADDRESS			
CITY-ST-ZIP	PALM CITY, FL 34990			CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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  3/19/07 772-463-1475
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #