2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2008 8:00 am
Secretary of State
02-21-2008 90033 030 ****61.25

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

Principal Place of Business	Mailing Address
607 ST. LUCIE CRECENT STUART, FL 34994	P.O. BOX 582 JENSEN BEACH, FL 34958

01212008 Chg-NP CR2E037 (12/06)

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D FELTON, JERRY 1064 NW SPRUCE RIDGE DR. STUART, FL 34994	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Bury, Joanne 1593 NW Spruce Ridge Dr. Stuart, FL34994	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHNSON, STACEY 8405 S INDIAN RIVER DRIVE FORT PIERCE, FL 34982	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Nole, Megan 1648 SE Shepard Lane Port St. Lucie, 34983	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S GOODMAN, JOAN 6521 SE CLAIRMONT PLACE HOBE SOUND, FL 33455	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BUTLER, JAMES J III 821 E. OCEAN BLVD., STE B STUART, FL 34994	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T PURO, RAYMOND 1473 SE ANDREW ST STUART, FL 34996	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RUSCH, JACKIE 5297 SW ANHINGA AVE PALM CITY, FL 34990	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 2/18/07 772-463-1475
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #