

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008581

FILED  
Jan 10, 2009  
Secretary of State

**Entity Name:** CRISIS LINE OF THE TREASURE COAST, INC.

**Current Principal Place of Business:**

607 ST. LUCIE CRECENT  
STUART, FL 34994

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 582  
JENSEN BEACH, FL 34958

**New Mailing Address:**

**FEI Number:** 59-3760940

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: BURY, JOANNE  
Address: 1593 NE SPRUCE RIDGE DR.  
City-St-Zip: STUART, FL 34994

Title: D ( ) Delete  
Name: MEGAN, NOLE  
Address: 1648 SE SHEPARD LANE  
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: S ( ) Delete  
Name: GOODMAN, JOAN  
Address: 6521 SE CLAIRMONT PLACE  
City-St-Zip: HOBE SOUND, FL 33455

Title: P ( ) Delete  
Name: BUTLER, JAMES J III  
Address: 821 E. OCEAN BLVD., STE B  
City-St-Zip: STUART, FL 34994

Title: T ( ) Delete  
Name: PURO, RAYMOND  
Address: 1473 SE ANDREW ST  
City-St-Zip: STUART, FL 34996

Title: D ( ) Delete  
Name: RUSCH, JACKIE  
Address: 5297 SW ANHINGA AVE  
City-St-Zip: PALM CITY, FL 34990

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAYMOND PURO

T

01/10/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date