

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008581

FILED
Jan 16, 2010
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
Name: BURY, JOANNE
Address: 1593 NE SPRUCE RIDGE DR.
City-St-Zip: STUART, FL 34994

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

Title: D
Name: COODE, ISABEL
Address: 372 NE CULLMAN COURT
City-St-Zip: PORT ST. LUCIE, FL 34983

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: RAYMOND PURO

T

01/16/2010

Electronic Signature of Signing Officer or Director

Date