

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2003 8:00 am**  
**Secretary of State**

03-10-2003 90133 047 \*\*\*\*61.25

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**DOCUMENT # N01000008581**

1. Entity Name

**CRISIS LINE OF THE TREASURE COAST, INC.**



Principal Place of Business

**821 E OCEAN BLVD STE B  
STUART FL 34994**

Mailing Address

**P.O. BOX 582  
JENSEN BEACH FL 34958**

2. Principal Place of Business

**607 St. Lucie Crescent**

Suite, Apt. #, etc.

**C**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**Stuart, FL 34994**

City & State

Zip

**34994**

Country

**Martin**

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

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

7. Name and Address of New Registered Agent

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, print or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P MANO, PARIS 108 NW EVERGLADES BLVD. STUART FL 34994</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP JOHNSON, STACEY 8405 S INDIAN RIVER DRIVE FORT PIERCE FL 34972</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S GOODMAN, JOAN 6521 SE CLAIRMONT PLACE HOBE SOUND FL 33455</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T RAYMOND, PURO 1582 SE ANFREWS ST. STUART FL 34998</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BROWN, GEORGETTE 621 NE ZEBRINA SENDA JENSEN BEACH FL 34957</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ROBERTS-MANGINO, JANE 2929 SE OCEAN BLVD. 144-4 STUART FL 34998</b>	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P Johnson, Stacy 8405 S. Indian Rover Drive Fort Pierce, FL34972</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Erdman, Barbara 1984 SE Bowie Street Port St. Lucie, FL 34952</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**

**SIGNATURE Raymond Puro**

Date

Daytime Phone #

**220-8071**

**3/21/03**

CR2037 (10/02)