

# **2013 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N06000009551

**FILED**  
**May 23, 2013**  
**Secretary of State**

**Entity Name:** VOICES FOR THE CHILDREN OF THE TREASURE COAST, INC.

**Current Principal Place of Business:**

414 NW BREEZY POINT LOOP  
PORT ST LUCIE, FL 34986 US

**New Principal Place of Business:**

8538 SE RETREAT DRIVE  
HOBE SOUND, FL 33455 US

**Current Mailing Address:**

414 NW BREEZY POINT LOOP  
PORT ST LUCIE, FL 34986 US

**New Mailing Address:**

8538 SE RETREAT DRIVE  
HOBE SOUND, FL 33455 US

**FEI Number:** 20-8497752

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KANN, MARILYN  
414 NW BREEZY POINT LOOP  
PORT SAINT LUCIE, FL 34986 US

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

PAWLAK, JAMES T  
8538 SE RETREAT DRIVE  
HOBE SOUND, FL 33455 US

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:** JAMES PAWLAK

05/23/2013

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** PAWLAK, JAMES T  
**Address:** 8538 SE RETREAT DRIVE  
**City-St-Zip:** HOBE SOUND, FL 33455 US

**Title:** VP  
**Name:** SCANLON, BARRY H  
**Address:** 8538 SE RETREAT DRIVE  
**City-St-Zip:** HOBE SOUND, FL 33455 US

**Title:** S  
**Name:** LYMAN, KIP J  
**Address:** 8538 SE RETREAT DRIVE  
**City-St-Zip:** HOBE SOUND, FL 33455 US

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:** KIP J LYMAN

SEC

05/23/2013

Electronic Signature of Signing Officer or Director

Date