

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34026

FILED
Apr 19, 2006
Secretary of State

Entity Name: CRISIS PREGNANCY CENTER OF THE TREASURE COAST, INC.

Current Principal Place of Business:

8432 S US 1
LAKES PLAZA
PORT ST. LUCIE, FL 34952 US

New Principal Place of Business:

Current Mailing Address:

8432 S US 1
LAKE PLAZA
PORT ST. LUCIE, FL 34952 US

New Mailing Address:

FEI Number: 65-0156575 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CHESS, SUE
1218 SW MARNCUSO AVE
PORT SAINT LUCIE, FL 34953 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: VD () Delete
Name: BILES, SR., JAMES
Address: 7200 PLUMROSA LN
City-St-Zip: FORT PIERCE, FL 34951

Title: D () Delete
Name: CHESS, SUE
Address: 1218 SW MANCUSO AVE
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: D () Delete
Name: MCCREARY, ROBERTA
Address: 8607 SW PERRY LANE
City-St-Zip: STUART, FL 34997

Title: CD () Delete
Name: HOFSTEE, MICHAEL DR.
Address: 2017 SOUTH TENTH STREET
City-St-Zip: FORT PIERCE, FL 34950

Title: T () Delete
Name: WILLIAMS, FREDERICK
Address: 754 E PRIMA VISTA BLVD
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: D () Delete
Name: HEARN, MELODY
Address: 441 SE GLENWOOD DR
City-St-Zip: PORT SAINT LUCIE, FL 34953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: TONY, HARNED MR
Address: 174 SW PSL BLVD
City-St-Zip: PORT ST. LUCIE, FL 34984

Title: D (X) Change () Addition
Name: BOWER, JOHN REV
Address: 4425 SE HEARTWOOD TR
City-St-Zip: STUART, FL 34997

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 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: SUE CHESS

D

04/19/2006

Electronic Signature of Signing Officer or Director

Date