2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 02, 2007 8:00 am
Secretary of State
03-19-2007 90085 025 ****61.25

DOCUMENT # N34026

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

Principal Place of Business	Mailing Address
8432 S US 1 LAKES PLAZA PORT ST. LUCIE, FL 34952 US	8432 S US 1 LAKE PLAZA PORT ST. LUCIE, FL 34952 US

03012007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0156575 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CHESS, SUE 1218 SW MARNCUSO AVE PORT SAINT LUCIE, FL 34953	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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BILES, SR., JAMES 7200 PLUMROSA LN FORT PIERCE, FL 34951	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Cari Crawford 507 SW Sanctuary Drive Port St. Lucie, FL 34986	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHESS, SUE 1218 SW MANCUSO AVE PORT SAINT LUCIE, FL 34953	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Craig Czerwinski 386 SE Cork Road Port St. Lucie, FL 34952	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TONY, HARNED MR 174 SW PSL BLVD PORT ST. LUCIE, FL 34984	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BOWER, JOHN REV 4425 SE HEARTWOOD TR STUART, FL 34997	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Elaine Williams 291 NW Ferris Drive Port St. Lucie, FL 34986	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WILLIAMS, FREDERICK 754 E PRIMA VISTA BLVD PORT SAINT LUCIE, FL 34952	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP HEARN, MELODY 441 SE GLENWOOD DR PORT SAINT LUCIE, FL 34953	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Sue Chess (CEO) 3/1/07 772-871-2211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Sue Chess