

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34026

FILED  
Feb 24, 2009  
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:**

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

**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: D ( ) 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: TONY, HARNED MR  
Address: 174 SW PSL BLVD  
City-St-Zip: PORT ST. LUCIE, FL 34984

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

Title: T ( ) Delete  
Name: WILLIAMS, ELAINE  
Address: 291 NW FERRIS DRIVE  
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: VP ( ) Delete  
Name: HEARN, MELODY  
Address: 433 SE GLENWOOD DRIE  
City-St-Zip: PORT SAINT LUCIE, FL 34984

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: CHMN (X) Change ( ) Addition  
Name: CZERWINSKI, CRAIG  
Address: 386 SE CORK ROAD  
City-St-Zip: PORT SAINT LUCIE, FL 34984

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

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

Title: S (X) Change ( ) Addition  
Name: CRAWFORD, CARI  
Address: 2898 SE ITALY  
City-St-Zip: PORT SAINT LUCIE, FL 34952

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 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

02/24/2009

Electronic Signature of Signing Officer or Director

Date