

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34026

FILED
Jan 14, 2011
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
LAKES 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:

CHESS, SUE
1218 SW MANCUSO AVE
PORT SAINT LUCIE, FL 34953 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:

01/14/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CHMN
Name: CRAWFORD, CARI
Address: 2898 SE ITALY
City-St-Zip: PORT SAINT LUCIE, FL 34952

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

Title: VP
Name: MCCREARY, MICHAEL MR
Address: 665 SW RUSTIC CIRCLE
City-St-Zip: STUART, FL 34997

Title: S
Name: HEADLEE, JUDY
Address: 68 W. CARIBBEAN
City-St-Zip: PORT SAINT LUCIE, FL 34952

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

Title: D
Name: BRUNO, ANTHONY
Address: 449 SW SELVITZ ROAD
City-St-Zip: PORT SAINT LUCIE, FL 34983

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: SUE CHESS

DIR

01/14/2011

Electronic Signature of Signing Officer or Director

Date