

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756175

Entity Name: EXCHANGE CLUB CENTER FOR THE PREVENTION OF CHILD ABUSE OF THE TREASURE COAST, INC.**FILED**
Jan 14, 2020
Secretary of State
4138235354CC**Current Principal Place of Business:**3525 W MIDWAY RD
FT PIERCE, FL 34981**Current Mailing Address:**P O BOX 12908
FT PIERCE, FL 34979 US**FEI Number: 59-2094472****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**SNYDER, RACHEL
3525 W MIDWAY RD
FORT PIERCE, FL 34981 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: RACHEL SNYDER****01/14/2020**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name WARNS, MADELEINE
Address 9045 ONE PUTT PLACE
City-State-Zip: PORT ST. LUCIE FL 34986

Title PRESIDENT
Name SNYDER, RACHEL
Address 51 SW FLAGLER AVE
209
City-State-Zip: STUART FL 34994

Title SECRETARY
Name ROLLINS, JEFFREY
Address 715 DELAWARE AVE
City-State-Zip: FORT PIERCE FL 34950

Title VP
Name HADDOX, KELLEY
Address 3812 SE FAIRWAY W.
City-State-Zip: STUART FL 34997

Title TREASURER
Name MCKEE, PHYLLIS
Address 8918 FIRST TEE ROAD
City-State-Zip: PORT ST. LUCIE FL 34986

Title DIRECTOR
Name WALLACH, MARILYN
Address 5230 ST. ANDREWS ISLAND DR
City-State-Zip: VERO BEACH FL 32967

Title DIRECTOR
Name CUNZO, KIM
Address 1081 ALCANTARRA BLVD
City-State-Zip: PORT ST. LUCIE FL 34953

Title DIRECTOR
Name HOOKER, DEBORAH
Address 401 NW 6TH ST
City-State-Zip: OKEECHOBEE FL 34972

Continues on page 2

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: RACHEL SNYDER**PRESIDENT****01/14/2020**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	DILLMAN, MICHAEL
Address	3525 W MIDWAY RD
City-State-Zip:	FT PIERCE FL 34981