

**2022 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL
REPORT**

DOCUMENT# N06000009551

Entity Name: VOICES FOR CHILDREN OF OKEECHOBEE AND THE
TREASURE COAST, INC.

Current Principal Place of Business:

300 ORANGE AVENUE
2ND FLOOR
FORT PIERCE, FL 34950

Current Mailing Address:

300 ORANGE AVENUE
2ND FLOOR
FORT PIERCE, FL 34950 US

FEI Number: 46-2988354

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CORNERS, KIMBERLY A
THE SUNRISE CENTER
300 ORANGE AVE, 2ND FLOOR
FORT PIERCE, FL 34950 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name CHANNON, TERENCE
Address THE SUNRISE CENTER
300 ORANGE AVENUE 2ND FLOOR
City-State-Zip: FORT PIERCE FL 34950

Title VD
Name VONACHEN, SUSAN
Address THE SUNRISE CENTER
300 ORANGE AVE., 2ND FLOOR
City-State-Zip: FORT PIERCE FL 34950

Title TD
Name CORNERS, KIMBERLY
Address 300 ORANGE AVENUE
2ND FLOOR
City-State-Zip: FORT PIERCE FL 34950

Title SD
Name MORRIS, VALERIE
Address THE SUNRISE CENTER
300 ORANGE AVENUE 2ND FLOOR
City-State-Zip: FORT P IERCE FL 34950

Title DIRECTOR
Name LENDMAN, JOHN
Address THE SUNRISE CENTER
300 ORANGE AVE. 2ND FLOOR
City-State-Zip: FORT PIERCE FL 34950

Title DIRECTOR
Name LASKEY, DOUG
Address 300 ORANGE AVENUE
2ND FLOOR
City-State-Zip: FORT PIERCE FL 34950

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: KIMBERLY A CORNERS

TREASURER

09/10/2022

