FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 FEB -8 PM 4:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 740159 (9)

1. Corporation Name

SEXUAL AND PHYSICAL ABUSE RESOURCE CENTER, INC.

Principal Place of Business	Mailing Address
P.O. BOX 5099 GAINESVILLE FL 32602	P.O. BOX 5099 GAINESVILLE FL 32602-5099 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/16/1977
3a. Date of Last Report: 02/08/1994
4. FEI Number: 59-1809014 — Applied For / Not Applicable

2. Principal Place of Business: 21 ___ Suite, Apt. #, etc. 22 ___ City & State 23 ___ Zip 24 ___ Country 25 ___
2a. Mailing Address: 26 ___ Suite, Apt. #, etc. 27 ___ City & State 28 ___ Zip 29 ___ Country 30 ___

5. Certificate of Status Desired [X] — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status [X] — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes [ ] Yes [X] No

9. Name and Address of Current Registered Agent

NUTTER, MARY E
3819 NW 40TH ST
GAINESVILLE FL 32606

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ___________ DATE ______
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	S (T)
NAME	EMERY, ED
STREET ADDRESS	PO BOX 991 (N/A)
CITY-ST-ZIP	HIGH SPRINGS FL
TITLE	T
NAME	KROPP, JEFF
STREET ADDRESS	2516 NW 43RD ST
CITY-ST-ZIP	GAINESVILLE FL
TITLE	V
NAME	BROWN, BETTY LYNN
STREET ADDRESS	402 NW 38TH DR
CITY-ST-ZIP	GAINESVILLE FL
TITLE	P (T)
NAME	REEP, ROGER
STREET ADDRESS	633 NE 6TH ST
CITY-ST-ZIP	GAINESVILLE FL
TITLE	ED (D)
NAME	NUTTER, MARY E
STREET ADDRESS	PO BOX 5099 (N/A)
CITY-ST-ZIP	GAINESVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		[ ] Change [ ] Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	Treasurer (T)	[X] Change [ ] Addition
2.2 NAME	Karen Smith	
2.3 STREET ADDRESS	3500 Windmeadows Blvd., #79	
2.4 CITY-ST-ZIP	Gainesville, Fl. 32607	
3.1 TITLE	Vice President (T)	[X] Change [ ] Addition
3.2 NAME	Jeff Kropp	
3.3 STREET ADDRESS	2516 N.W. 43rd St.	
3.4 CITY-ST-ZIP	Gainesville, Fl. 32606	
4.1 TITLE		[ ] Change [ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		[ ] Change [ ] Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP	Deposited by Bank	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mary E Nutter — Mary E. Nutter, Ph.D. — 01/18/95 — 377-5690
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0020386