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FILED

Jan 24 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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 32602P.O. BOX 5099
GAINESVILLE FL 32602-5099
US3. Date Incorporated or Qualified
09/16/19773a. Date of Last Report
04/05/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

4. FEI Number

59-1809014

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ST ☐ DELETE
NAME MOELLER, PENNY
STREET ADDRESS 5600 NW 91ST BLVD
CITY-ST-ZIP GAINESVILLE FL1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME MOELLER, PENNY
1.3 STREET ADDRESS 5600 NW 91ST BLVD
1.4 CITY-ST-ZIP GAINESVILLE, FLTITLE T ☐ DELETE
NAME SMITH, KAREN
STREET ADDRESS 3500 WINDMEADOWS BLVD., #79
CITY-ST-ZIP GAINESVILLE FL 326072.1 TITLE VD ☐ Change ☒ Addition
2.2 NAME DOERING, TOB
2.3 STREET ADDRESS 4529 NW 43RD PLACE
2.4 CITY-ST-ZIP GAINESVILLE, FL 32606TITLE PT ☒ DELETE
NAME KROPP, JEFF
STREET ADDRESS 2516 NW 43RD STREET
CITY-ST-ZIP GAINESVILLE FL3.1 TITLE Secretary ☐ Change ☒ Addition
3.2 NAME Lisa W. Prows
3.3 STREET ADDRESS 1302 SW 131st Street
3.4 CITY-ST-ZIP Gainesville, FL 32607TITLE VT ☒ DELETE
NAME HERRINGTON, JAY
STREET ADDRESS 912 NW 56TH TERRACE
CITY-ST-ZIP GAINESVILLE FL4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE EDD ☐ DELETE
NAME NUTTER, MARY E
STREET ADDRESS PO BOX 5099 (N/A)
CITY-ST-ZIP GAINESVILLE FL5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mary E. Nutter

Date Daytime Phone #0010726

CR2E037 (9/96)