# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 07, 2005 8:00 am**
**Secretary of State**
02-07-2005 90096 033 ****61.25

DOCUMENT # N14397

1. Entity Name
THE GLASSER-SCHOENBAUM HUMAN SERVICES CENTER, INC.

50011418

| Principal Place of Business | Mailing Address |
|---|---|
| 1750 17TH STREET<br>P.O. BOX 1447<br>SARASOTA, FL 34230-8447 | P.O. BOX 1447<br>SARASOTA, FL 34230-8447 |

01172005 Chg-NP CR2E037 (10/03)

| 2. Principal Place of Business | | 3. Mailing Address | |
|---|---|---|---|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

4. FEI Number 59-2707877 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| TURNER, JAMNES L.<br>1550 RINGLING BOULEVARD<br>SARASOTA, FL 33577-6803 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City **FL** Zip Code |

8. 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. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is $61.25**
**Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ~~VPD~~ P/T<br>PENDER, MICHAEL JR<br>2381 FRUITVILLE RD<br>SARASOTA, FL 34237 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>GLASSER, DR. KAY E.<br>~~888 BLVD.OF THE ARTS#807~~<br>~~SARASOTA, FL~~ | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☒ Change ☐ Addition<br>700 RINGLING BLVD #905<br>SARASOTA, FL 34236 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ~~D~~ D<br>FITZPATRICK, CAROLYN<br>901 VENETIA BAY BLVD STE 100<br>SARASOTA, FL 34236 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>ANGHEY, RITA<br>811 PALMAVE S<br>SARASOTA, FL 34236 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ~~SD~~ VP<br>GREEN, CAROL<br>136 GOLDEN GATE POINT #302<br>SARASOTA, FL 34236 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>LOUISE PLATT HARVEY<br>1650 N. LODGE DRIVE<br>SARASOTA, FL 34239<br>☐ Change ☒ Addition |

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** _____ JAN 24 2005 941-366-2983
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

MICHAEL R. PENDER, VP