2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2009
Secretary of State

DOCUMENT# N14397

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

Current Principal Place of Business:

1750 17TH STREET
P.O. BOX 1447
SARASOTA, FL 342308447

New Principal Place of Business:

1750 17TH STREET
SARASOTA, FL 342308447

Current Mailing Address:

P.O. BOX 1447
SARASOTA, FL 342308447

New Mailing Address:

FEI Number: 59-2707877 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TURNER, JAMNES L.
1550 RINGLING BOULEVARD
SARASOTA, FL 335776803 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title:	T	( ) Delete
Name:	PENDER, MICHAEL JR	
Address:	2381 FRUITVILLE RD	
City-St-Zip:	SARASOTA, FL 34237	
Title:	D	( ) Delete
Name:	GLASSER, DR. KAY E.,	
Address:	700 RINGLING BLVD #905	
City-St-Zip:	SARASOTA, FL 34236	
Title:	D	(X) Delete
Name:	FITZPATRICK, CAROLYN	
Address:	901 VENETIA BAY BLVD STE 100	
City-St-Zip:	SARASOTA, FL 34236	
Title:	S	( ) Delete
Name:	PLATT HALVEY, LOUISE	
Address:	1650 N LODGE DRIVE	
City-St-Zip:	SARASOTA, FL 34239	
Title:	P	( ) Delete
Name:	GREEN, CAROL	
Address:	136 GOLDEN GATE POINT #302	
City-St-Zip:	SARASOTA, FL 34236	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MICHAEL R. PENDER, JR. T 01/19/2009
Electronic Signature of Signing Officer or Director — Date