

2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Mar 01, 2010
Secretary of State

DOCUMENT# N14397

Entity Name: THE GLASSER-SCHOENBAUM HUMAN SERVICES CENTER, INC.**Current Principal Place of Business:**1750 17TH STREET
SARASOTA, FL 342308447**New Principal Place of Business:****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
Name: SCHUCHAT, SUSAN L
Address: 2381 FRUITVILLE RD
City-St-Zip: SARASOTA, FL 34237**Title:** D
Name: GLASSER, DR. KAY E.
Address: 700 RINGLING BLVD #905
City-St-Zip: SARASOTA, FL 34236**Title:** S
Name: MCKENZIE-WHARTON, DR. LOU BERTHA
Address: 7115 ASHLAND GLEN
City-St-Zip: LAKEWOOD RANCH, FL 34202**Title:** P
Name: GUILFORD, DR. ARTHUR M
Address: 8350 N. TAMiami TRAIL, SMCC305
City-St-Zip: SARASOTA, FL 34243

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: DR. ARTHUR M. GUILFORD

P

03/01/2010

Electronic Signature of Signing Officer or Director

Date