LE 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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 20 AM 11:13

DOCUMENT # N17958 (2)

1. Corporation Name
FLORIDA COUNCIL OF SEXUAL ABUSE SERVICES, INC.

Principal Place of Business	Mailing Address
% DR. JUDY WILSON P. O. BOX 2193 OCALA FL 32678	% DR. JUDY WILSON P. O. BOX 2193 OCALA FL 32678

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/25/1986
3a. Date of Last Report: 06/22/1994
4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $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 ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24: 34478 Country 25	Zip 29: 34478 Country 30

9. Name and Address of Current Registered Agent

KNAKE, ELIZABETH
2900 14TH ST N #40
SUITE 500
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name: KNAKE, ELIZABETH
82 Street Address (P.O. Box Number is Not Acceptable): 850 6TH AVE. NORTH
83
84 City: NAPLES FL 85 Zip Code: 33940

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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: Elizabeth Knake Elizabeth Knake DATE: 2/16/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	THOMAS, DEBORAH	1.2 NAME	
STREET ADDRESS	1169 OSCEOLA AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE BCH FL	1.4 CITY-ST-ZIP	
TITLE	DVP	2.1 TITLE	☐ Change ☐ Addition
NAME	KARNA, KRIS	2.2 NAME	
STREET ADDRESS	J301 N OLIVE AVE 10TH FLR	2.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH FL	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	BARRETT, JUDITH	3.2 NAME	
STREET ADDRESS	1510 E. COLONIAL DR. #301W	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	STORCH, NANCY	4.2 NAME	
STREET ADDRESS	3227 NE 34TH ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	DANIELS, NIKKI	5.2 NAME	
STREET ADDRESS	209 S MORGAN ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	D ☒ Change ☐ Addition
NAME	KANKE, BETH	6.2 NAME	KNAKE, BETH
STREET ADDRESS	2900 14TH ST NORTH #40	6.3 STREET ADDRESS	850 6TH AVE. NORTH
CITY-ST-ZIP	NAPLES FL	6.4 CITY-ST-ZIP	NAPLES, FL 33940

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)(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: Deborah Thomas 1/27/95 (904) 549-4670
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

000S434