

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 26 AM 11:05

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # N94000005715 (7)

1. Corporation Name

FLORIDA ASSOCIATION OF SUPPORT COORDINATORS, INC

Principal Place of Business

**2749 1ST AVE. NORTH
ST. PETERSBURG FL 33713**

Mailing Address

**2749 1ST AVE. NORTH
ST. PETERSBURG FL 33713**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/18/1994

3a. Date of Last Report

4. FEI Number

65-0553183

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

21

Suite, Apt. #, etc.

City & State

Zip

24

Country

25

2a. Mailing Address

26

F.A.S.C., Inc.

Suite, Apt. #, etc.

City & State

Zip

29

Tampa, Florida

30

Hillsborough

9. Name and Address of Current Registered Agent

**MCCARTHY, THOMAS E
111 N.W. 183RD STREET
SUITE 518
MIAMI FL 33169**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

CD

OGLE, PEGGY

2749 1ST AVE. NORTH

ST. PETERSBURG FL 33713

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VCD

MCCARTHY, THOMAS

111 N.W. 183RD ST., SUITE 518

NORTH MIAMI FL 33169

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

SD

LONGSHORE, ROBERT

5713 MOSSY TOP WAY

TALLAHASSEE FL 32303

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TD

FOLEY, ROBERT

13543 N. FLORIDA AVE., SUITE 111

TAMPA FL 33613

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

STEINBERG, JAY

13105 IKORA COURT, #309

NORTH MIAMI FL 33181

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

HARRIS, JOHN

2121 CORPORATE SQ. BLVD., #278

JACKSONVILLE FL 32216

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

VCD

Ogle, Peggy

2749 1st Ave. North

St. Petersburg, FL 33713

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

D

McCarthy, Thomas

111 N.W. 183rd St., Suite 518

North Miami, FL 33169

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

SD

Gold, Batia

150-B Mathews Drive

Fort Myers, FL 33907

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

CD

Harris, John

2121 Corporate Sq. Blvd #278

Jacksonville, FL 32216

☒ Change ☐ Addition

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)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Robert J. Foley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Robert J. Foley - Treasurer

April 11, 1995

(813) 968-4778