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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N96000000328 (2)

FLORIDA ASSOCIATION FOR THE TREATMENT OF SEXUAL ABUSERS, INC.



Principal Place of Business: 1560 MATTHEW DR SUITE J FT MYERS FL 33907
Mailing Address: 1560 MATTHEW DR SUITE J FT MYERS FL 33907-1702

3. Date Incorporated or Qualified: 01/17/1996
3a. Date of Last Report

2. Principal Place of Business: 21 7819 N. DALE MABRY SUITE 212 TAMPA, FLORIDA 33614 U.S.A.
2a. Mailing Address: 26 7819 N. DALE MABRY SUITE 212 TAMPA, FLORIDA 33614 U.S.A.

4. FEI Number: 59-3380952
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: GUNDER, ROGER L 1560 MATTHEW DR SUITE J FT MYERS FL 33907

10. Name and Address of New Registered Agent: 81 Name: LEO P. COTTER PH.D.
82 Street Address: 7819 N. DALE MABRY
83 SUITE 212
84 City: TAMPA, FLORIDA FL 85 Zip Code: 33614

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: LEO P. COTTER PH.D. LEO P. COTTER PH.D. DATE: 5-30-97

| 12. OFFICERS AND DIRECTORS | |
|---|--|
| TITLE: D | <input checked="" type="checkbox"/> DELETE |
| NAME: GUNDER, ROGER L | |
| STREET ADDRESS: 1560 MATTHEW DR SUITE J | |
| CITY-ST-ZIP: FT MYERS FL 33907 | |
| TITLE: D | <input checked="" type="checkbox"/> DELETE |
| NAME: SHORACK, MARY C | |
| STREET ADDRESS: 1560 MATTHEW DR SUITE J | |
| CITY-ST-ZIP: FT MYERS FL 33907 | |
| TITLE: D | <input checked="" type="checkbox"/> DELETE |
| NAME: SHAW, THEODORE A | |
| STREET ADDRESS: 1000 NW 8TH AVE | |
| CITY-ST-ZIP: GAINESVILLE FL 32601 | |
| TITLE: | <input type="checkbox"/> DELETE |
| NAME: | |
| STREET ADDRESS: | |
| CITY-ST-ZIP: | |
| TITLE: | <input type="checkbox"/> DELETE |
| NAME: | |
| STREET ADDRESS: | |
| CITY-ST-ZIP: | |
| TITLE: | <input type="checkbox"/> DELETE |
| NAME: | |
| STREET ADDRESS: | |
| CITY-ST-ZIP: | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|
| 11 TITLE: 0 | PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME: TEA SHAW PH.D. | |
| 13 STREET ADDRESS: 1000 N.W. 8TH AVE | |
| 14 CITY-ST-ZIP: GAINESVILLE, FLORIDA 32601 | |
| 21 TITLE: D | SECRETARY <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 22 NAME: LEO P. COTTER PH.D. | |
| 23 STREET ADDRESS: 7819 N. DALE MABRY #212 | |
| 24 CITY-ST-ZIP: TAMPA, FLORIDA 33614 | |
| 31 TITLE: 0 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 32 NAME: JOHN W. MORIN PH.D. | |
| 33 STREET ADDRESS: 5950 W. OAKLAND PK. BLVD #107 | |
| 34 CITY-ST-ZIP: LA VORVILLE, FLORIDA 33313 | |
| 41 TITLE: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME: | |
| 43 STREET ADDRESS: | |
| 44 CITY-ST-ZIP: | |
| 51 TITLE: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME: | |
| 53 STREET ADDRESS: | |
| 54 CITY-ST-ZIP: | |
| 61 TITLE: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME: | |
| 63 STREET ADDRESS: | |
| 64 CITY-ST-ZIP: | |

14. I do 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 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.

CR2E037 (9/96)