

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
May 13, 2004  
Secretary of State**

DOCUMENT# N96000000328

**Entity Name:** FLORIDA ASSOCIATION FOR THE TREATMENT OF SEXUAL ABUSERS, INC.

**Current Principal Place of Business:**

5247 PARK STREET  
ST. PETERSBURG, FL 33709 US

**New Principal Place of Business:**

**Current Mailing Address:**

5247 PARK STREET  
ST. PETERSBURG, FL 33709 US

**New Mailing Address:**

FEI Number: 59-3380952      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SPEARS, HARRY F ED.S.  
225 SW 7TH TERRACE  
GAINESVILLE, FL 32601 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: PD ( ) Delete  
Name: LEVENSON, JILL S  
Address: 5950 W. OAKLAND PARK BLVD.  
City-St-Zip: LAUDERHILL, FL 33313 US

Title: DS (X) Delete  
Name: HUGHES-CONLON, DENISE  
Address: 5247 PARK STREET  
City-St-Zip: ST. PETERSBURG, FL

Title: D ( ) Delete  
Name: SPEARS, HARRY F  
Address: 225 SW 7TH TERRACE  
City-St-Zip: GAINESVILLE, FL 32601 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: HUGHES-CONLON, DENISE  
Address: 5247 PARK STREET  
City-St-Zip: ST. PETERSBURG, FL 33709 US

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 for the exemption stated in Section 119.07(3)(i), 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: HARRY SPEARS

D

05/13/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date