

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90062 039 ****61.25

DOCUMENT # N96000000328

1. Entity Name

FLORIDA ASSOCIATION FOR THE TREATMENT OF SEXUAL ABUSERS, INC.



Principal Place of Business

5247 PARK STREET
ST. PETERSBURG FL 33709
US

Mailing Address

5247 PARK STREET
ST. PETERSBURG FL 33709
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3380952**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

SPEARS, HARRY F ED.S.
1204 NW 13TH STREET
STE. 9
GAINESVILLE FL 32601

7. Name and Address of New Registered Agent

Name

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

225 SW 7th Terrace

City

Gainesville

FL

Zip Code

32601

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Harry F. Spears, Treasurer
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

28 April 2003

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE **PD** Delete
NAME **LEVENSON, JILL S**
STREET ADDRESS **5950 W. OAKLAND PARK BLVD.**
CITY-ST-ZIP **LAUDERHILL FL 33313**

TITLE **DS** Delete
NAME **HUGHES-CONLON, DENISE**
STREET ADDRESS **5247 PARK STREET**
CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE **D** Delete
NAME **SPEARS, HARRY F**
STREET ADDRESS **1204 NW 13TH STREET, SUITE 9**
CITY-ST-ZIP **GAINESVILLE FL 32601**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS **225 SW 7th Terrace**
CITY-ST-ZIP **Gainesville, FL 32601**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Harry F. Spears
Signature typed or printed name of registered agent and title if applicable. **28 Apr 03 (352) 379-2829**

CR2E037 (10/02)