FILE 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

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	Mailing Address
2749 1ST AVE. NORTH ST. PETERSBURG FL 33713	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

2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
21	26 F.A.S.C., Inc.	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 P.O. Box 17764	6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
City & State 23	City & State 28 Tampa, Florida	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
Zip 24 / Country 25	Zip 29 33682-7764 / Country 30 Hillsborough	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New 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

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 _____ DATE _____
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	CD OGLE, PEGGY 2749 1ST AVE. NORTH ST. PETERSBURG FL 33713	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	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCD MCCARTHY, THOMAS 111 N.W. 183RD ST., SUITE 518 NORTH MIAMI FL 33169	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	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD LONGSHORE, ROBERT 5713 MOSSY TOP WAY TALLAHASSEE FL 32303	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	SD Gold, Batia 1560-B Mathews Drive Fort Myers, FL 33907	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD FOLEY, ROBERT 13543 N. FLORIDA AVE., SUITE 111 TAMPA FL 33613	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STEINBERG, JAY 13105 IXORA COURT, #309 NORTH MIAMI FL 33181	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HARRIS, JOHN 2121 CORPORATE SQ. BLVD., #276 JACKSONVILLE FL 32216	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	CD Harris, John 2121 Corporate Sq. Blvd. #276 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)(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: Robert J. Foley — April 11, 1995 — (813) 968-4778
SIGNATURE AND TYPED OR PRINTED NAME OF BONNO OFFICER OR DIRECTOR (Date) (Daytime Phone #)
Robert J. Foley - Treasurer

000297