FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # 706824 (0)

1. Corporation Name

FAMILY COUNSELING CENTER OF SARASOTA COUNTY, INC

Principal Place of Business	Mailing Address
3205 S GATE CIRCLE SARASOTA FL 34239	3205 S GATE CIRCLE SARASOTA FL 34239

3. Date Incorporated or Qualified: 02/13/1964
3a. Date of Last Report: 04/10/1995

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt #, etc. — 22
Suite, Apt. #, etc — 27
City & State — 23
City & State — 28
Zip — 24
Country — 25
Zip — 29
Country — 30

4. FEI Number: 59-6147312 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HOWARD, PETER D.
3205 SOUTHGATE CIRCLE
SARASOTA FL 34239

10. Name and Address of New Registered Agent

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 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 _____ Peter D. Howard, L.C.S.W. 1-26-96
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD LARSEN, LINDA L 3401 FLAMINGO AVE SARASOTA FL	☐ DELETE X	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	Vice Chairperson Board of Directors Bagley, Sara A. 1435 Cedar Bay Lane Sarasota, Florida 34231	☐ Change X Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD FAIST, SHIRLEY IRONS 1390 MAIN ST SARASOTA FL	☒ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	Treasurer of Board of Directors Michael Abshire, CPA 3951, Country View DRive, Sarasota FL 34231	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCD PEPPER, SANDRA L P.O. BOX 4295 - 5751 GARDENS DRIVE SARASOTA FL	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	Chairperson Board of Directors	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD STELLE, JOHN M 921 BENEVA ROAD, SOUTH SARASOTA FL	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	Chairperson Emeritus	☐ Change X Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOWARD, PETER D. 6124 OLIVE AVE SARASOTA FL	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	Secretary of Board of Dir Nancy Kaari-Bowman 1515 Ringling Boulevard Sarasota, Florida 34232	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	Vice Chairperson BoardofDr. Thomas J. Dunlavey 1401 Dixie Lee Lane Sarasota, Florida 34231	☐ Change ☒ Addition

CR2E037 (12/95)

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

SIGNATURE: _____ Peter D. Howard, L.C.S.W., 1-26-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

President and Chief Executive Officer