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Feb 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

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	F. A. S. C. INC. P. O. BOX 17264 TAMPA FL 33682-7264 US

3. Date Incorporated or Qualified: 11/18/1994
3a. Date of Last Report: 03/01/1996

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 30

4. FEI Number: 65-0553183 ☒ 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

MCCARTHY, THOMAS E
111 N.W. 183RD STREET
SUITE 518
MIAMI FL 33169

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 _____ 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	VCD	☒ DELETE	1.1 TITLE	TD	☐ Change ☒ Addition
NAME	OGLE, PEGGY		1.2 NAME	DEMINGD, TERRY	
STREET ADDRESS	2749 1ST AVE. NORTH		1.3 STREET ADDRESS	2024 BRUTON BLVD.	
CITY-ST-ZIP	ST. PETERSBURG FL		1.4 CITY-ST-ZIP	ORLANDO, FLORIDA 32805	
TITLE	D	☐ DELETE	2.1 TITLE	VCD	☐ Change ☒ Addition
NAME	MCCARTHY, THOMAS		2.2 NAME	PHILLIPS, JANICE	
STREET ADDRESS	111 N.W. 183RD ST., SUITE 518		2.3 STREET ADDRESS	3552 HOMESTEAD ROAD	
CITY-ST-ZIP	NORTH MIAMI FL		2.4 CITY-ST-ZIP	TALLAHASSEE, FLORIDA 32308	
TITLE	SD	☒ DELETE	3.1 TITLE	SD	☐ Change ☒ Addition
NAME	MCKAY, P.J.		3.2 NAME	ALEXANDER, DAVID	
STREET ADDRESS	650 N BENEVA ROAD		3.3 STREET ADDRESS	817 DIXON BLVD., SUITE 9D	
CITY-ST-ZIP	SARASOTA FL		3.4 CITY-ST-ZIP	COCOA, FLORIDA 32922	
TITLE	TD	☐ DELETE	4.1 TITLE	CD	☒ Change ☐ Addition
NAME	FOLEY, ROBERT		4.2 NAME	FOLEY, ROBERT	
STREET ADDRESS	13543 N. FLORIDA AVE., SUITE 111		4.3 STREET ADDRESS	13543 N. FLORIDA AVE., SUITE 111	
CITY-ST-ZIP	TAMPA FL 33613		4.4 CITY-ST-ZIP	TAMPA, FLA. 33613	
TITLE	D	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	STEINBERG, JAY		5.2 NAME		
STREET ADDRESS	13105 IXORA COURT, #309		5.3 STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI FL 33181		5.4 CITY-ST-ZIP		
TITLE	CD	☐ DELETE	6.1 TITLE	D	☒ Change ☐ Addition
NAME	LARIMER, ROBERT		6.2 NAME	LARIMER, ROBERT	
STREET ADDRESS	2260 NW 38TH AVE		6.3 STREET ADDRESS	2260 NW 38TH AVENUE	
CITY-ST-ZIP	GAINESVILLE FL		6.4 CITY-ST-ZIP	GAINESVILLE, FLA	

CR2E037 (9/96)

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.

SIGNATURE: Terry Deming TERRY DEMINGD 1/27/97 (407) 297-4357
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0049263