

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 10 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 # 706824 (0) 1. Corporation Name FAMILY COUNSELING CENTER OF SARASOTA COUNTY, INC			
Principal Place of Business 3205 S GATE CIRCLE SARASOTA FL 34239		Mailing Address 3205 S GATE CIRCLE SARASOTA FL 34239	
2. Principal Place of Business 21 Suits, Apt. #, etc. 22 City & State 23 Zip Country 24 25		2a. Mailing Address 26 Suits, Apt. #, etc. 27 City & State 28 Zip Country 29 30	
3. Date Incorporated or Qualified 02/13/1964		3a. Date of Last Report 02/02/1996	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	VCD	☐ DELETE	
NAME	BAGLEY, SARA A		
STREET ADDRESS	1435 CEDAR BAY LANE		
CITY-ST-ZIP	SARASOTA FL 34231		
TITLE	TD	☐ DELETE	
NAME	ABSHIRE, MICHAEL CPA		
STREET ADDRESS	3951 COUNTRY VIEW DR.		
CITY-ST-ZIP	SARASOTA FL 34231		
TITLE	CD	☒ DELETE	
NAME	PEPPER, SANDRA L		
STREET ADDRESS	P.O. BOX 4295 - 5751 GARDENS DRIVE		
CITY-ST-ZIP	SARASOTA FL		
TITLE	D	☐ DELETE	
NAME	HOWARD, PETER D		
STREET ADDRESS	6124 OLIVE AVENUE		
CITY-ST-ZIP	SARASOTA FL		
TITLE	SD	☒ DELETE	
NAME	KAARI-BOWMAN, NANCY		
STREET ADDRESS	1515 RINGLING BLVD.		
CITY-ST-ZIP	SARASOTA FL 34232		
TITLE	VCD	☐ DELETE	
NAME	DUNLAVEY, THOMAS J		
STREET ADDRESS	1401 DIXIE LEE LANE		
CITY-ST-ZIP	SARASOTA FL 34231		
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	☐ Change ☐ Addition		
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	☐ Change ☐ Addition		
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	☐ Change ☐ Addition		
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	☒ Change ☐ Addition		
4.2 NAME	1674 Cottonwood Trail		
4.3 STREET ADDRESS	Sarasota, Florida 34232		
4.4 CITY-ST-ZIP			
5.1 TITLE	☐ Change ☒ Addition		
5.2 NAME	VCD Ric Gregoria		
5.3 STREET ADDRESS	200 South Orange Avenue		
5.4 CITY-ST-ZIP	Sarasota, Florida 34236		
6.1 TITLE	☒ Change ☐ Addition		
6.2 NAME	CD		
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			



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.