

FILE NOW: FILING FEE IS \$61.25

FILED

Jun 09 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 # N96000000328 (2)

1. Corporation Name

FLORIDA ASSOCIATION FOR THE TREATMENT OF SEXUAL
ABUSERS, INC.

Principal Place of Business

Mailing Address

1560 MATTHEW DR
SUITE J
FT MYERS FL 33907

1560 MATTHEW DR
SUITE J
FT MYERS FL 33907-1702



2. Principal Place of Business

2a. Mailing Address

21 7819 N. DALE MABRY 26 7819 N. DALE MABRY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 212

27 SUITE 212

City & State

City & State

23 TAMPA, FLORIDA

28 TAMPA, FLORIDA

Zip

Country

Zip

Country

24 33614

25 U.S.A.

29 33614

30 U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GUNDER, ROGER L
1560 MATTHEW DR
SUITE J
FT MYERS FL 33907

81 Name

LEO P. COTTER PH.D.

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

7819 N. DALE MABRY

83

SUITE 212

84 City

TAMPA, FLORIDA FL

85 Zip Code

33614

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 LEO P. COTTER PH.D. LEO P. COTTER PH.D.

5-30-97

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-nesting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D GUNDER, ROGER L ☒ DELETE

NAME GUNDER, ROGER L
STREET ADDRESS 1560 MATTHEW DR SUITE J
CITY-ST-ZIP FT MYERS FL 33907

TITLE D SHORACK, MARY C ☒ DELETE

NAME SHORACK, MARY C
STREET ADDRESS 1560 MATTHEW DR SUITE J
CITY-ST-ZIP FT MYERS FL 33907

TITLE D SHAW, THEODORE A ☒ DELETE

NAME SHAW, THEODORE A
STREET ADDRESS 1000 NW 8TH AVE
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 TITLE

D PRESIDENT ☒ Change ☐ Addition

12 NAME

D TED SHAW PH.D.

13 STREET ADDRESS

1000 N.W. 8TH AVE

14 CITY-ST-ZIP

GAINESVILLE, FLORIDA 32601

21 TITLE

D SECRETARY ☒ Change ☒ Addition

22 NAME

D LEO P. COTTER PH.D.

23 STREET ADDRESS

7819 N. DALE MABRY #212

24 CITY-ST-ZIP

TAMPA, FLORIDA 33614

31 TITLE

D ☐ Change ☒ Addition

32 NAME

D JOHN W. MORIN PH.D.

33 STREET ADDRESS

5950 W. OAKLAND PK. BLVD #107

34 CITY-ST-ZIP

LA VORITILL, FLORIDA 33313

41 TITLE

☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

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.

CR2E037 (9/96)