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Mar 30 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N93000005234 (0)

1. Corporation Name

THE JEANNE SLOAN CLEAR SAILING DROP-IN CENTER OF
THE TREASURE COAST, INC.

Principal Place of Business

Mailing Address

812 NORTH 7TH STREET
FT. PIERCE FL 34950
US

714 AVENUE H
FT. PIERCE FL 34950
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 4500 W. Midway Rd.

22 City & State

27 City & State

23 City & State

28 Ft. Pierce, Florida

24 Zip

25 Country

29 Zip

30 Country

24 Zip

25 Country

29 34981

30 U.S.A.

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

11/18/1993

4. FEI Number

NOT APPLICABLE

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☒ No

CIASCA, ART
404 DORIA AVENUE
FT. PIERCE FL 34950

81 Name

CIASCA, ART

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

901 N. 7 ST.

83

84 City

Ft. Pierce

FL

85 Zip Code

34950

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	HODGES, BETSEY	
STREET ADDRESS	7132 HAWKS VIEW TRAIL	
CITY-ST-ZIP	PORT ST. LUCE FL 34984	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	ISABELLE, CYNTHIA	
STREET ADDRESS	709 S. 5TH ST.	
CITY-ST-ZIP	FORT PIERCE FL 34950	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	WITHERS, TINA	
STREET ADDRESS	P.O. BOX 3372 N/A	
CITY-ST-ZIP	FORT PIERCE FL 34948	
TITLE	MD	<input type="checkbox"/> DELETE
NAME	GOLPHIN, BRENDA	
STREET ADDRESS	P.O. BOX 1471 N/A	
CITY-ST-ZIP	FORT PIERCE FL 34954	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DOUG PANAI	
1.3 STREET ADDRESS	5093 DRAGONALAND	
1.4 CITY-ST-ZIP	Ft. Pierce, FL. 34982	
2.1 TITLE	D/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	NICKI GENTILUORE	
2.3 STREET ADDRESS	1781 S.W. COCHRAN	
2.4 CITY-ST-ZIP	PORT ST. LUCE, FL. 34953	
3.1 TITLE	D/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Ralph Robinson	
3.3 STREET ADDRESS	1319A Pepper Tree Trail	
3.4 CITY-ST-ZIP	Ft. Pierce, FL. 34950	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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:

[Signature]

3-17-98 561-468-5678

CR2E037 (10/97)