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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 706824					
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		2a. Mailing Address		3. Date Incorporated or Qualified 02/13/1964	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-6147312	
22	City & State	27	City & State	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
24	Country	29	Country		

9. Name and Address of Current Registered Agent BAGLEY, SARA A 3205 SOUTH GATE 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
				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

Signature, typed 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	CD	☐ DELETE		1.1 TITLE	☐ Change ☐ Addition		
NAME	BAGLEY, SARA A			1.2 NAME			
STREET ADDRESS	1435 CEDAR BAY LANE			1.3 STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL 34231			1.4 CITY-ST-ZIP			
TITLE	TD	☐ DELETE		2.1 TITLE	☐ Change ☐ Addition		
NAME	LOGAN, JAY			2.2 NAME			
STREET ADDRESS	1515 RINGLING BLVD., SUITE 600			2.3 STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL 34236			2.4 CITY-ST-ZIP			
TITLE	VCD	☐ DELETE		3.1 TITLE	☐ Change ☐ Addition		
NAME	GREGORIA, RIC			3.2 NAME			
STREET ADDRESS	200 S ORANGE AVENUE			3.3 STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL			3.4 CITY-ST-ZIP			
TITLE	VCD	☐ DELETE		4.1 TITLE	☐ Change ☐ Addition		
NAME	KEANE, GERALD B ESQ			4.2 NAME			
STREET ADDRESS	46 NORTH WASHINGTON BLVD., SUITE 5			4.3 STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL 34236			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE		5.1 TITLE	☐ Change ☐ Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		☐ DELETE		6.1 TITLE	☐ Change ☐ Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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, with all other like empowered.

SIGNATURE: SARA A BAGLEY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/99
Date

Daytime Phone #

CR2E037 (11/98)