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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **706824** (0)

1. Corporation Name

FAMILY COUNSELING CENTER OF SARASOTA COUNTY, INC

Principal Place of Business

Mailing Address

**3205 S GATE CIRCLE
SARASOTA FL 34239**

**3205 S GATE CIRCLE
SARASOTA FL 34239**



3. Date Incorporated or Qualified

02/13/1964

4. FEI Number

59-6147312

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HOWARD, PETER D.
3205 SOUTHGATE CIRCLE
SARASOTA FL 34239**

81 Name

Sara A. Bagley

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

3205 South Gate Circle

83

84 City

Sarasota

FL

85 Zip Code

34239

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

Sara A. Bagley

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VCD	<input type="checkbox"/> DELETE
NAME	BAGLEY, SARA A	
STREET ADDRESS	1435 CEDAR BAY LANE	
CITY-ST-ZIP	SARASOTA FL 34231	

1.1 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Sara A. Bagley	
1.3 STREET ADDRESS	1435 Cedar Bay Lane	
1.4 CITY-ST-ZIP	Sarasota FL 34231	

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	ABSHIRE, MICHAEL CPA	
STREET ADDRESS	3951 COUNTRY VIEW DR.	
CITY-ST-ZIP	SARASOTA FL 34231	

2.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Jay Logan	
2.3 STREET ADDRESS	1515 Ringling Blvd., Suite 600	
2.4 CITY-ST-ZIP	Sarasota FL 34236	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HOWARD, PETER D	
STREET ADDRESS	1674 COTTONWOOD TRAIL	
CITY-ST-ZIP	SARASOTA FL	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

TITLE	VCD	<input type="checkbox"/> DELETE
NAME	GREGORIA, RIC	
STREET ADDRESS	200 S ORANGE AVENUE	
CITY-ST-ZIP	SARASOTA FL	

4.1 TITLE	VCD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Gerald B. Keane, Esq.	
4.3 STREET ADDRESS	46 North Washington Blvd., Suite 5	
4.4 CITY-ST-ZIP	Sarasota FL 34236	

TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	DUNLAVEY, THOMAS J	
STREET ADDRESS	1401 DIXIE LEE LANE	
CITY-ST-ZIP	SARASOTA FL	

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
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:

Sara A. Bagley

CR2E037 (10/97)