NONPROFIT CORPORATION ANNUAL REPORT 1999	DW: FILING FEE	LORIDA DEPAR Katherin Secretary DIVISION OF C	TMENT	35	Mar 03, Secreta	ary o	9 8:00	te
DOCUMENT # 70	6824							
FAMILY COUNSELING CEN	NTER OF SARASOT	a county,	INC					
Principal Place of Business Mailing Address								
3205 S GATE CIRCLE SARASOTA FL 34239		ATE CIRCLE A FL 34239						
2. Principal Place of Business	2a. Mailin 26	g Address			3. Date Incorporated or Qualifi 02/13/1964	ed		
Suite, Apt. #, etc.	Suite,	Apt. #, etc.			4. FEI Number 59-6147312			plied For t Applicable
22 City & State		& State			5. Certifcate of Status Desired		\$8.75 A Fee Re	dditional
Zip Country 24 25			Cou	ntry	6. Election Campaign Financir Trust Fund Contribution	^{lg} []	\$5.00 Added to	
	ss of Current Registered A				10. Name and Address of Net	w Registere	d Agent	
				81 Name				
BAGLEY, SARA A				82 Street Address (P.O. Box Number is Not Acceptal		ptable)		
3205 SOUTH GATE CIRCLE SARASOTA FL 34239				83				
				84 City		F	85 Zip C	Code
11. Pursuant to the provisions of Secti	ions 617.0502 and 617.150	8, Florida Statute	es, the a	ove-named cor	poration submits this statement for t	he nurnose	of changing its	registered
 Pursuant to the provisions of Section office or registered agent, or both, agent. I am familiar with, and acce 	in the State of Flonda, SUC	n change was a	utnorized	by the corporat	ion's board of directors. I hereby ac	cept the app	pointment as reg	gistered
SIGNATURE	of registored agent and title if applicat					DATE	<u></u>	<u>.</u>
	of registered agent and title if applicat	ble. (NOTE		Agent signature requi		DATE		RS IN 12
Signature, typed or printed name 12. OF TITLE CD		ble. (NOTE	Registered 13.	Agent signatura requi	red when reinstating)	DATE	AND DIRECTO	
Signature, typed or printed name 12. OF TITLE CD NAME BAGLEY, SARA A	FFICERS AND DIRECTOR	ole. (NOTE S	1.1 TI	Agent signature requi	red when reinstating)	DATE		RS IN 12
Signature, typed or printed name 12. OF TITLE CD NAME BAGLEY, SARA A STREET ADDRESS 1435 CEDAR BAY L	FFICERS AND DIRECTOR	ole. (NOTE S	: Registered 13. 1.1 Ti 1.2 N 1.3 S	Agent signature requi	red when reinstating)	DATE		RS IN 12
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CKZEU3/ (11/98)

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICEPOR DIRECTOR

Daytime Phone #

1/19/98