

FILE NOW: FILING FEE IS \$61.25

**NONPROFIT
CORPORATION
ANNUAL REPORT
1996**



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

FILED
May 21 1996 8:00 am
Secretary of State

DOCUMENT # 709017 (8)
1. Corporation Name
FAMILY SERVICE CENTERS OF PINELLAS COUNTY, INC.



100001833861
-05/22/96--01018--022
*****61.25**

Principal Place of Business
**2960 ROOSEVELT BLVD
CLEARWATER FL 34620**

Mailing Address
**2960 ROOSEVELT BLVD
CLEARWATER FL 34620**

3. Date Incorporated or Qualified
05/20/1965

3a. Date of Last Report
10/02/1995

4. FEI Number
59-0624378

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**VILLALBA, CHESTER F.
2960 ROOSEVELT BLVD
CLEARWATER FL 34620**

81 Name **Suzanne Gibson Wise**

82 Street Address (P.O. Box Number Is Not Acceptable)
2960 Roosevelt Boulevard

83

84 City **Clearwater**

85 Zip Code **34620**

I, 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 **Suzanne Gibson Wise, Executive Director**

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

(NOTE: Registered Agent signature required when installing)

DATE

3-29-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DOWLING, DENISE	
STREET ADDRESS	5600 115TH AVE., NORTH, STE C	
CITY-ST-ZIP	CLEARWATER FL 34620	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	FOLEY, MICHAEL F	
STREET ADDRESS	490 FIRST AVE SOUTH	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	FUHLER, LYNN M	
STREET ADDRESS	28338 U.S. 19 NORTH, SUITE 110	
CITY-ST-ZIP	CLEARWATER FL 34623	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MCGRATH, MARIAN H	
STREET ADDRESS	424 CENTRAL AVENUE, SUITE 200	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	SHAW, HUGH J	
STREET ADDRESS	165 WOODCREEK DRIVE SOUTH	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	HICKS, MICHAEL D	
STREET ADDRESS	28163 U.S. 19 NORTH, STE. 204	
CITY-ST-ZIP	CLEARWATER FL 34621	

1.1 TITLE	Past PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Joanne L. Horst	
2.3 STREET ADDRESS	702 Ponce De Leon Boulevard	
2.4 CITY-ST-ZIP	Belleair, FL 34616	
3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Linda S. Lerner	
3.3 STREET ADDRESS	8022 Oak Forest Boulevard W	
3.4 CITY-ST-ZIP	Seminole, FL 34646	
4.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Marcus W. Greene	
5.3 STREET ADDRESS	401 E. Jackson Street, Suite 1900	
5.4 CITY-ST-ZIP	Tampa, FL 33601	
6.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **Michael D. Hicks**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-96 (813) 531-0482

Date

Daytime Phone #

CR2E037 (12/95)