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Mar 07 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

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



Principal Place of Business Mailing Address
2960 ROOSEVELT BLVD 2960 ROOSEVELT BLVD
CLEARWATER FL 34620 CLEARWATER FL 34620-1952

3. Date Incorporated or Qualified 05/20/1965 3a. Date of Last Report 05/21/1996
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 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

WISE, SUZANNE G
2960 ROOSEVELT BLVD
CLEARWATER FL 34620

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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
TITLE PPD ☒ DELETE
NAME DOWLING, DENISE
STREET ADDRESS 5600 115TH AVE., NORTH, STE C
CITY-ST-ZIP CLEARWATER FL 34620
TITLE VD ☐ DELETE
NAME HORST, JOANNE L
STREET ADDRESS 702 PONCE DE LEON BOULEVARD
CITY-ST-ZIP BELLEAIR FL 34616
TITLE VD ☒ DELETE
NAME LERNER, LINDA S
STREET ADDRESS 8022 OAK FOREST BOULEVARD W
CITY-ST-ZIP SEMINOLE FL 34646
TITLE SD ☐ DELETE
NAME MCGRATH, MARIAN H
STREET ADDRESS 424 CENTRAL AVENUE, SUITE 200
CITY-ST-ZIP ST. PETERSBURG FL 33701
TITLE TD ☐ DELETE
NAME GREENE, MARCUS W
STREET ADDRESS 401 E JACKSON STREET, SUITE 1900
CITY-ST-ZIP TAMPA FL 33601
TITLE PED ☐ DELETE
NAME HICKS, MICHAEL D
STREET ADDRESS 28163 U.S. 19 NORTH, STE. 204
CITY-ST-ZIP CLEARWATER FL 34621

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE VD ☐ Change ☒ Addition
1.2 NAME Worlds, Maj. A. Lois
1.3 STREET ADDRESS 1300 1st Avenue North
1.4 CITY-ST-ZIP St. Petersburg, FL 33705
2.1 TITLE SD ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE VD ☐ Change ☒ Addition
3.2 NAME Korpan, Patricia G.
3.3 STREET ADDRESS 4993 Turtle Creek Trail
3.4 CITY-ST-ZIP Oldsmar, FL 34677
4.1 TITLE PED ☐ Change ☒ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE PD ☒ Change ☐ Addition
5.2 NAME 300 1st Avenue South
5.3 STREET ADDRESS St. Petersburg, FL 33701
5.4 CITY-ST-ZIP
6.1 TITLE PPD ☒ Change ☐ 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 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: *Suzanne G. Wiser* 2/12/97

CR2E037 (9/96)