


FILE NOW: FILING FEE IS \$61.25

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Feb 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **709017** (8)
1. Corporation Name
FAMILY SERVICE CENTERS OF PINELLAS COUNTY, INC.



Principal Place of Business 2960 ROOSEVELT BLVD CLEARWATER FL 34620	Mailing Address 2960 ROOSEVELT BLVD CLEARWATER FL 34620
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3. Date Incorporated or Qualified 05/20/1965	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
4. FEI Number 59-0624378		

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
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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	VD <input type="checkbox"/> DELETE
NAME	WORLDS, MAJOR A LOIS
STREET ADDRESS	1300 1ST AVENUE NORTH
CITY-ST-ZIP	ST PETERSBURG FL
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	HORST, JOANNE L
STREET ADDRESS	702 PONCE DE LEON BOULEVARD
CITY-ST-ZIP	BELLEAIR FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	KORPAN, PATRICIA G
STREET ADDRESS	4993 TURTLE CREEK TRAIL
CITY-ST-ZIP	OLDSMAR FL
TITLE	PED <input type="checkbox"/> DELETE
NAME	MCGRATH, MARIAN H
STREET ADDRESS	424 CENTRAL AVENUE, SUITE 200
CITY-ST-ZIP	ST. PETERSBURG FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	GREENE, MARCUS W
STREET ADDRESS	300 1ST AVENUE SOUTH
CITY-ST-ZIP	ST PETERSBURG FL
TITLE	PPD <input checked="" type="checkbox"/> DELETE
NAME	HICKS, MICHAEL D
STREET ADDRESS	28163 U.S. 19 NORTH, STE. 204
CITY-ST-ZIP	CLEARWATER FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PED <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Worlds, Major A. Lois
1.3 STREET ADDRESS	1300 1st Avenue North
1.4 CITY-ST-ZIP	St. Petersburg, FL 33701
2.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Jackson, Doretha S.
2.3 STREET ADDRESS	1015 10th Avenue North
2.4 CITY-ST-ZIP	St. Petersburg, FL 33705
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	McGrath, Marian H.
4.3 STREET ADDRESS	424 Central Avenue, Suite 200
4.4 CITY-ST-ZIP	St. Petersburg, FL 33701 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	PP
5.2 NAME	Greene, Marcus W.
5.3 STREET ADDRESS	300 1st Avenue South
5.4 CITY-ST-ZIP	St. Petersburg, FL 33701
6.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Skalksi, Joseph C.
6.3 STREET ADDRESS	4500 140th Avenue North
6.4 CITY-ST-ZIP	Clearwater, FL 34622

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: 

CR2E037 (10/97)