

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

DOCUMENT # **715857**

1. Corporation Name

THE FAMILY SERVICE ASSOCIATION OF GREATER TAMPA, INC.

Principal Place of Business

**5800 N. NEBRASKA AVE.
TAMPA FL 33604**

Mailing Address

**5800 N. NEBRASKA AVE.
TAMPA FL 33604**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**SCOTT, AGNES
4318 SANTIAGO ST.
TAMPA FL 33629**

3. Date Incorporated or Qualified
01/08/1969

3a. Date of Last Report
03/09/1995

4. FEI Number
59-0624382

Applied For
Not Applicable

5. Certificate of Status Desired

XX

**\$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

XX

Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

Carl P. Doeing

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

6301 S. Westshore Blvd

83

#1321

84 City

Tampa,

FL

85

Zip Code
33616

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 provisions of, Section 617.0503, Florida Statutes.

SIGNATURE

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

CARL P. DOEING

4/17/96

DATE

(NOTE: Registered Agent signature required when transferring)

12. OFFICERS AND DIRECTORS

TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	LOCKETT, LAUREL E	
STREET ADDRESS	1613 ARRAWANA	
CITY-ST-ZIP	TAMPA, FL 33617	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	KAGLER, EARL W	
STREET ADDRESS	7106 WHITTIER ST	
CITY-ST-ZIP	TAMPA, FL 33618	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	OROURKE, BILL	
STREET ADDRESS	3416 BLOOMINGDALE OAKS	
CITY-ST-ZIP	VALRICO FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	ROBERTS, DOTTIE	
STREET ADDRESS	3418 SAN JUAN	
CITY-ST-ZIP	TAMPA FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	STANLEY, PHIL	
STREET ADDRESS	612 HIDDEN LAKE DRIVE	
CITY-ST-ZIP	BRANDON FL	
TITLE	PCEO	<input checked="" type="checkbox"/> DELETE
NAME	SCOTT, AGNES L	
STREET ADDRESS	4318 SANTIAGO ST.	
CITY-ST-ZIP	TAMPA FL 33629	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Earl W. Kagler	
13 STREET ADDRESS	7106 Whittier Street	
14 CITY-ST-ZIP	Tampa, FL. 33617	
21 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Bill O'Rourke	
23 STREET ADDRESS	5204 Downing Street	
24 CITY-ST-ZIP	Dover, FL. 33527	
31 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	David Myers	
33 STREET ADDRESS	16162 Gardendale Drive	
34 CITY-ST-ZIP	Tampa, FL. 33624	
41 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Richard Molay	
43 STREET ADDRESS	1505 N. Riverhills Drive	
44 CITY-ST-ZIP	Temple Terrace, FL. 33617	
51 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	Bruce Narzissenfeld	
53 STREET ADDRESS	1018 Hollyberry Ct.	
54 CITY-ST-ZIP	Brandon, FL. 33511	
61 TITLE	PCEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	Carl P. Doeing	
63 STREET ADDRESS	6301 S. Westshore Blvd #1321	
64 CITY-ST-ZIP	Tampa, FL. 33616	

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, 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, on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARL P. DOEING

4/17/96

Date

813-238-3727

Daytime Phone #

CR2E037 (12/95)