


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 30 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 # 715857 (9)

1. Corporation Name

THE FAMILY SERVICE ASSOCIATION OF GREATER TAMPA, INC.

Principal Place of Business

Mailing Address

5800 N. NEBRASKA AVE.
TAMPA FL 33604

5800 N. NEBRASKA AVE.
TAMPA FL 33604

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DOEING, CARL P.
6301 S WESTSHORE BLVD
#1321
TAMPA FL 33616

81 Name	Carl P. Doeing
82 Street Address (P.O. Box Number is Not Acceptable)	3234 W. Oakellar St.
83	
84 City	Tampa
85 Zip Code	FL 33611

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]

(NOTE: Registered Agent signature required when reinstating)

3/25/98
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	O'ROURKE, BILL	
STREET ADDRESS	5204 DOWNING STREET	
CITY-ST-ZIP	DOVER FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	ROGO, JEFF	
STREET ADDRESS	2402 S. CAMERON	
CITY-ST-ZIP	TAMPA FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	NARZISSENFELD, BRUCE	
STREET ADDRESS	1018 HOLLYBERRY COURT	
CITY-ST-ZIP	BRANDON FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BEILON, MICHAEL	
STREET ADDRESS	15312 E. POND WOODS DR.	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KAGLER, EARL	
STREET ADDRESS	7106 WHITTIER ST.	
CITY-ST-ZIP	TAMPA FL	
TITLE	PCEO	<input type="checkbox"/> DELETE
NAME	DOEING, CARL P.	
STREET ADDRESS	6301 S WESTSHORE BLVD, #1321	
CITY-ST-ZIP	TAMPA FL	

1.1 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Rogo, Jeffrey	
1.3 STREET ADDRESS	2402 S. Cameron	
1.4 CITY-ST-ZIP	Tampa, FL 33629	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Bielon, Michael J.	
2.3 STREET ADDRESS	10460 Roosevelt Dr #181	
2.4 CITY-ST-ZIP	St. Petersburg, FL 33716	
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Harvey, Susan	
3.3 STREET ADDRESS	3030 N. Rocky Pt. Drive	
3.4 CITY-ST-ZIP	Tampa, FL 33607	
4.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	O'Rourke, Bill	
4.3 STREET ADDRESS	5204 Downing Street	
4.4 CITY-ST-ZIP	Dover, FL 33527	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	PCEO	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Carl P. Doeing	
6.3 STREET ADDRESS	3234 W. Oakellar St.	
6.4 CITY-ST-ZIP	Tampa, FL 33611	

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: *[Signature]*

3/25/98 813-238-3727

CR2E037 (10/97)