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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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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 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 01/08/1969 4. FEI Number 59-0624382 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent

DOEING, CARL P.
3234 W. OAKELLAR ST
#1321
TAMPA FL 33611

10. Name and Address of New Registered Agent

81 Name	EUGENE D WEINER
82 Street Address (P.O. Box Number is Not Acceptable)	5800 N NEBRASKA AVE
83	
84 City	TAMPA
85 FL	
86 Zip Code	33604

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, and 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 reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD O'ROURKE, BILL. <i>Director</i>	1.1 TITLE	EUGENE D WEINER <i>President/CEO</i>
NAME	5204 DOWNING STREET DOVER FL 33527	1.2 NAME	14728 DAYBREAK DR LOTZ, FL 33549
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	CD ROGO, JEFF. <i>Chairman, Board of Directors</i>	2.1 TITLE	
NAME	2402 S. CAMERON TAMPA FL 33629	2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	TD NARZISSENFELD, BRUCE <i>Director</i>	3.1 TITLE	
NAME	1018 HOLLYBERRY COURT BRANDON FL	3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	VD BIELON, MICHAEL J. <i>Pres. Elect. Board of Directors</i>	4.1 TITLE	
NAME	10460 ROOSEVELT DR, #181 ST PETERSBURG FL 33716	4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	TD HARVEY, SUSAN <i>Board member Director</i>	5.1 TITLE	
NAME	3030 N. ROCKY PT DRIVE TAMPA FL 33607	5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	PCEO DOEING, CARL P. <i>No longer with agency</i>	6.1 TITLE	
NAME	3234 W. OAKELLAR ST TAMPA FL 33611	6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2 June 99

813-238-3727

Daytime Phone #

CR2E037 (11/98)