## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1999



## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # 757676**

1. Corporation Name

CENTER AGAINST SPOUSE ABUSE, INC.

Principal Place of Business	Mailing Address		
132 5TH AVENUE NORTH 2 O BOX 414 3T. PETERSBURG FL 33701 JS	PO BOX 414 ST PETERSBURG FL 33731-0414		

FILED CRATE 13 PH 4: 47 CHOTHANCY OF STATE TABLE ASSET, FLORIDA

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Principal Place of Business	2a. Mailing Address	3. Date incorporated or Qualifed 04/22/1981				
Suite, Apt. #, etc.	Suite, Apt. #, etc. 27	4. FEI Number 59-2114359	Applied For Not Applicable			
City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required			
Zip Country 25	Zip Cou 29 30	ontry 6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Name and Address of Current Registered Agent		10. Name and Address of New Regis	10. Name and Address of New Registered Agent			
T MOUNT MOUNT		81 Name Warilyn Polson				

T. MICHAEL MCKNIGHT 433 3RD STREET NORTH ST. PETERSBURG FL 33701

	81	Name					
1		- Marilyn Polson					
	82	Street Address (P.O. Box Number is Not Acceptable)					
		Fisher & Sauls, P.A.					
	83	3					
ı	100 Second Avenue South Suite 701						
- 1	84	Color T	85	Zip Code			
		St. Petershurg FL		32701			

1. 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

DATE SIGNATURE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. PID ħΕ DELETE 1.1 DILE ☐ Addition 03-01-99 90258 019 AME DUVAL, JANE 1.2 NAME 4832 QUEEN PALM TERR NE TREET ADDRESS 1.3 STREET ADDRESS ST. PETERSBURG FL 33703 TY-51-21P 1.4 CITY-ST-ZIP TLE DELETE Change Addition 2.1 TITLE Secretary/D: AME DAVIS, CHIEF GOLIATH J III 22 NAME Darrel Stephens 1300 FIRST AVE NORTH TREET ADDRESS 2.3 STREET ADORESS P O Box 2842 ST. PETERSBURG FL 33701 ITY-ST-ZIF 2.4 CITY-ST-ZIF St. Petersburg, FL 33731 DELETE TLE 31 TITLE Change noifibbA 🔲 OSMUNDSON, LINDA A. AME 32 NAME 432 5TH AVE NORTH TREET ADORESS 3.3 STREET ADDRESS ST. PETERSBURG FL 33701 1TY-ST-21F 3.4. CITY-ST-ZIP ☑ DELETE Change Add tion ITLE 4.1 TITLE Treasurer / D AME LEEPER, SILVIA JIMENEZ 4.2 NAME Cathy Shadwick 721 1ST AVE N TREET ADORESS 4.3 STREET ADDRESS 4338 1st Street North Suite A JTY-ST-ZIP ST. PETERSBURG FL 33701 4.4 CITY-5T-ZIP St. Petersburg, FL 33703 DELETE Change TLE SITITLE Addition AME BURG, C T

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 eath; 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.

5.3 STREET ADDRESS

6 J STREET ADDRESS

54 CITY-ST-ZIP

6 1 TITLE

SIGNATURE:

STREET ADDRESS

TITY-ST-ZIP

TITLE

100 SECOND AVE S, #606

ST. PETERSBURG FL 33701

DODDRIDGE, ROCK R

7255 18TH STREET N.E.

PADELETE

Linda A. Osmundson Executive Director

Vice-President/D .

John E. Stross

54 Corey Avenue

727--894-4912 Daytime Phone #

Change

☐ Addition