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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

432 5TH AVENUE NORTH
PO BOX 414
ST. PETERSBURG FL 33701
JS

Mailing Address

PO BOX 414
ST PETERSBURG FL 33731-0414

FILED

APR 13 PM 4:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
1. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number
2. City & State	27. City & State	5. Certificate of Status Desired
3. Zip	28. Zip	6. Election Campaign Financing
Country	Country	Trust Fund Contribution
25	29	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	

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 Marilyn M. Polson

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Jan 25, 1999

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
STREET ADDRESS	ST. PETERSBURG FL 33703	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
TITLE	NAME	2.1 TITLE	2.2 NAME
STREET ADDRESS	ST. PETERSBURG FL 33701	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
TITLE	NAME	3.1 TITLE	3.2 NAME
STREET ADDRESS	ST. PETERSBURG FL 33701	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
TITLE	NAME	4.1 TITLE	4.2 NAME
STREET ADDRESS	ST. PETERSBURG FL 33701	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE	NAME	5.1 TITLE	5.2 NAME
STREET ADDRESS	ST. PETERSBURG FL 33701	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE	NAME	6.1 TITLE	6.2 NAME
STREET ADDRESS	ST. PETERSBURG FL 33701	6.3 STREET ADDRESS	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

Linda A. Osmundson
Executive Director

727-894-4912
Daytime Phone #