

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 # 759175 (3)

1. Corporation Name

CHILD PROTECTION CENTER, INC.



Principal Place of Business

Mailing Address

1750 17TH STREET, BLDG. L  
SARASOTA FL 34234

1750 17TH STREET, BLDG. L  
SARASOTA FL 34234

3. Date Incorporated or Qualified

07/15/1981

3a. Date of Last Report

03/03/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2113850

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$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

☐

Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FLANNERY, JOSEPH P.  
845 COUNTRY CLUB CIRCLE  
VENICE FL 34293

81 Name

FLANNERY, JOSEPH P.

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

1735 KILRUSS DRIVE

83

84 City

VENICE

FL

85 Zip Code

34293

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

*Joseph P. Flannery*

(NOTE: Registered Agent signature required when reinstating)

DATE

4/17/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP  
SD  
ROBIE, CHRIS  
2525 SUNNYBROOK DR  
SARASOTA FL

TITLE ☒ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
NIMICK, DEBORAH  
1655 QUAIL DR.  
SARASOTA FL

TITLE ☒ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VD  
TRACEY, KITTY  
530 LA SALONA AVE  
ARCADIA FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP  
TD  
FLANNERY, JOE  
845 COUNTRY CLUB CIRCLE  
VENICE FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PD  
LINDAUER, JUDITH  
6457 SOMOA DR  
SARASOTA FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VD  
LINGLE, HELEN  
5250 17TH STREET, SUITE 107  
SARASOTA FL

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

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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 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:

*Joseph P. Flannery*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

4/17/96 416 941-365-1277

Daytime Phone #

CR2E037 (12/95)