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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

DOCUMENT # **759175**

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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

3. Date Incorporated or Qualifed: 07/15/1981

4. FEI Number: 59-2113850 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

FLANNERY, JOSEPH P.
1384 CLUBVIEW CT.
VENICE FL 34292

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ROBIE, CHRIS		1.2 NAME	
STREET ADDRESS	2525 SUNNYBROOK DR		1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34239		1.4 CITY-ST-ZIP	
TITLE	VPD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MCGILLICUDDY, GRACI		2.2 NAME	
STREET ADDRESS	3827 FLAMINGO ROAD		2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34242		2. 4 CITY-ST-ZIP	
TITLE	VPD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	COURTER, GREG		3.2 NAME	
STREET ADDRESS	3369 CRYSTAL LAKES CT		3.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34235		3.4. CITY-ST-ZIP	
TITLE	TD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	FLANNERY, JOE		4. 2 NAME	
STREET ADDRESS	1384 CLUBVIEW CT.		4.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL 34292		4.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	PATRICIA GARRISON		5.2 NAME	
STREET ADDRESS	1515 RINGLING BLVD.		5.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34236		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			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 REQUIRED 1/13/99 941-365-1277
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

CR2E037 (11/98)