FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 10 PM 2:15

DOCUMENT # 766757 (9)

1. Corporation Name

EXCHANGE CENTER OF THE SUNCOAST FOR THE PREVENTI ON OF CHILD ABUSE, INC.

Principal Place of Business	Mailing Address
3601 34 ST N. STE 100 ST PETERSBURG FL 33713 US	3601 34 ST N. STE 100 ST PETERSBURG FL 33713 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/28/1983
3a. Date of Last Report: 02/07/1994
4. FEI Number: 59-2297297 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

9. Name and Address of Current Registered Agent

SANGUINETT, JOHN C.
3601 34 STREET NORTH
ST PETERSBURG FL 33713

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 607.0502 and 607.1508, 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 607.0505, 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	VP	11 TITLE	P/D	☒ Change ☐ Addition
NAME	CRAWFORD, SCOTT	12 NAME	Crawford, Scott	
STREET ADDRESS	4414 15TH ST. N	13 STREET ADDRESS	4414 15th St. N.	
CITY-ST-ZIP	ST. PETE FL	14 CITY-ST-ZIP	St. Petersburg, FL 33703	
TITLE	T	21 TITLE	Treasurer/D	☐ Change ☐ Addition
NAME	CARTER, LARRY	22 NAME	Carter, Larry	
STREET ADDRESS	2035 IOWA AVENUE, N.E.	23 STREET ADDRESS	128 3rd St. S., #200	
CITY-ST-ZIP	ST. PETERSBURG FL	24 CITY-ST-ZIP	St. Petersburg, FL 33701	
TITLE	S	31 TITLE	Vice Pres./D	☒ Change ☐ Addition
NAME	FORBES, JEFFORY H.	32 NAME	Forbes, Jeffory H.	
STREET ADDRESS	611 66TH AVE. S.	33 STREET ADDRESS	611 66th Ave. S.	
CITY-ST-ZIP	ST. PETERSBURG FL	34 CITY-ST-ZIP	St. Petersburg, FL 33705	
TITLE	P	41 TITLE	Immediate Past President/D	☒ Change ☐ Addition
NAME	STAFFORD, BRUCE	42 NAME	Stafford, Bruce	
STREET ADDRESS	738 60TH AVENUE, SOUTH	43 STREET ADDRESS	738 60th Ave. S.	
CITY-ST-ZIP	ST. PETERSBURG FL	44 CITY-ST-ZIP	St. Petersburg, FL 33705	
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	SANGUINETT, JOHN	52 NAME		
STREET ADDRESS	8287 PARKWOOD BLVD.	53 STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE FL	54 CITY-ST-ZIP		
TITLE		61 TITLE	Secretary /D	☐ Change ☒ Addition
NAME		62 NAME	Ronald Nichols	
STREET ADDRESS		63 STREET ADDRESS	5269 28th Ave. N.	
CITY-ST-ZIP		64 CITY-ST-ZIP	St. Petersburg, FL 33710	

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: John Sanguinett — John Sanguinett — 1-19-95 — (813) 522-6465
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000057