

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 # **766757** (9)

1. Corporation Name

EXCHANGE CENTER OF THE SUNCOAST FOR THE PREVENTION OF CHILD ABUSE, INC.



Principal Place of Business

Mailing Address

**3601 34 ST N.
STE 100
ST PETERSBURG FL 33713
US**

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STE 100
ST PETERSBURG FL 33713
US**

3. Date Incorporated or Qualified
01/28/1983

3a. Date of Last Report
02/10/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

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**

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

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

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ DELETE

**PD
CRAWFORD, SCOTT
4414 15TH ST. N.
ST PETERSBURG FL**

TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ DELETE

**T
CARTER, LARRY
128 3RD ST. S., #200
ST. PETERSBURG FL**

TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ DELETE

**VPO
FORBES, JEFFORY H
611 68TH AVE. S.
ST. PETERSBURG FL**

TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ DELETE

**PPD
STAFFORD, BRUCE
738 60TH AVENUE, SOUTH
ST. PETERSBURG FL**

TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ DELETE

**D
SANGUINETT, JOHN
8267 PARKWOOD BLVD.
SEMINOLE FL**

TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ DELETE

**SD
NICHOLS, RONALD
5269 28TH AVE., N
ST. PETERSBURG FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-STATE-ZIP ☐ Change ☐ Addition

21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-STATE-ZIP ☐ Change ☐ Addition

31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-STATE-ZIP ☐ Change ☐ Addition

41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-STATE-ZIP ☐ Change ☐ Addition

51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-STATE-ZIP ☐ Change ☐ Addition

61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-STATE-ZIP ☐ Change ☐ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME



**JOHN SANGUINETT
3601 34TH ST N # 200
ST PETERSBURG FL 33713**

1-19-96

Date

813-522-6465

Daytime Phone #

CR2E037 (12/95)