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FILED

Jan 23 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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 PREVENTI
ON OF CHILD ABUSE, INC.

Principal Place of Business

Mailing Address

3601 34 ST N.
STE 100
ST PETERSBURG FL 33713
US3601 34 ST N.
STE 100
ST PETERSBURG FL 33713-1597
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

3. Date Incorporated or Qualified

01/28/1983

3a. Date of Last Report

01/25/1996

4. FEI Number

59-2297297

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CRAWFORD, SCOTT	
STREET ADDRESS	4414 15TH ST. N.	
CITY-ST-ZIP	ST PETERSBURG FL	

TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	CARTER, LARRY	
STREET ADDRESS	128 3RD ST. S., #200	
CITY-ST-ZIP	ST. PETERSBURG FL	

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	FORBES, JEFFORY H	
STREET ADDRESS	611 66TH AVE. S.	
CITY-ST-ZIP	ST. PETERSBURG FL	

TITLE	PPD	<input checked="" type="checkbox"/> DELETE
NAME	STAFFORD, BRUCE	
STREET ADDRESS	738 60TH AVENUE, SOUTH	
CITY-ST-ZIP	ST. PETERSBURG FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	SANGUINETT, JOHN	
STREET ADDRESS	8267 PARKWOOD BLVD.	
CITY-ST-ZIP	SEMINOLE FL	

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	NICHOLS, RONALD	
STREET ADDRESS	5269 28TH AVE., N	
CITY-ST-ZIP	ST. PETERSBURG FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Brown, James	
1.3 STREET ADDRESS	6711 15th Ave. N.	
1.4 CITY-ST-ZIP	St. Petersburg, FL 33710	

2.1 TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Lucas, Joseph	
2.3 STREET ADDRESS	1964 Massachusetts Ave. N.E.	
2.4 CITY-ST-ZIP	St. Petersburg, FL 33703	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE	Past President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Crawford, Scott	
4.3 STREET ADDRESS	4414 15th St. N.	
4.4 CITY-ST-ZIP	St. Petersburg, FL 33703	

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Carter, Larry	
6.3 STREET ADDRESS	424 Central Ave., Suite 1000	
6.4 CITY-ST-ZIP	St. Petersburg, FL 33701	

14. I do 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, upon an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0051018

CR2E037 (9/96)