

FILE NOW: FILING FEE IS \$61.25

FILED
Jan 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 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**

3. Date Incorporated or Qualified

01/28/1983

4. FEI Number

59-2297297

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

City & State

City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE

NAME **BROWN, JAMES**
STREET ADDRESS **6711 15TH AVENUE, N.**
CITY-ST-ZIP **T PETERSBURG FL**

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **T** ☐ DELETE

NAME **LUCAS, JOSEPH**
STREET ADDRESS **1964 MASSACHUSETTS AVENUE, NE**
CITY-ST-ZIP **ST PETERSBURG FL**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **VPD** ☐ DELETE

NAME **FORBES, JEFFORY H**
STREET ADDRESS **611 66TH AVE. S.**
CITY-ST-ZIP **ST. PETERSBURG FL**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **PP** ☐ DELETE

NAME **CRAWFORD, SCOTT**
STREET ADDRESS **4414 15TH STREET NORTH**
CITY-ST-ZIP **ST PETERSBURG FL**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE

NAME **SANGUINETT, JOHN**
STREET ADDRESS **8267 PARKWOOD BLVD.**
CITY-ST-ZIP **SEMINOLE FL**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE

NAME **CARTER, LARRY**
STREET ADDRESS **424 CENTRAL AVENUE, SUITE 1000**
CITY-ST-ZIP **ST PETERSBURG FL**

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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.

SIGNATURE:

John Sanguinett **UIRED**

1-05-98

(813) 522 6465

CR2E037 (10/97)