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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0033491

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 766757

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

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 2100 62nd Ave. N.	26 2100 62nd Ave. N.	01/26/1983
Suite, Apt. #, etc. 22 Suite B	Suite, Apt. #, etc. 27 Suite B	4. FEI Number 59-2297297 ☐ Applied For ☐ Not Applicable
City & State 23 St. Petersburg, FL	City & State 28 St. Petersburg, FL	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 33702-7142 25 Pinellas	Zip / Country 29 33702-7142 30 Pinellas	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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: John C. Sanguinett 82 Street Address (P.O. Box Number is Not Acceptable): 2100 62nd Ave. N., Suite B 83 84 City: St. Petersburg FL 85 Zip Code: 33702

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P BROWN, JAMES 6711 15TH AVENUE, N. T PETERSBURG FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	Past President D. BROWN, JAMES 6711 15th Ave. N. St. Petersburg, FL 33710	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LUCAS, JOSEPH 1964 MASSACHUSETTS AVENUE, NE ST PETERSBURG FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD FORBES, JEFFORY H 611 66TH AVE. S. ST. PETERSBURG FL	☑ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	Vice President D. William M. Michaels, Ph.D. 6215 Bahama Shores Dr. S. St. Petersburg, FL 33705	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PP CRAWFORD, SCOTT 4414 15TH STREET NORTH ST PETERSBURG FL	☑ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	Secretary D. Bryan Rumpf 2885 38th St. N. St. Petersburg, FL 33713	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SANGUINETT, JOHN 8267 PARKWOOD BLVD. SEMINOLE FL	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	02-22-99 90033 009 $70	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CARTER, LARRY 424 CENTRAL AVENUE, SUITE 1000 ST PETERSBURG FL	☑ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	President D. Robert Dobbs 1515 Eden Isle Blvd.N.E., #17 St. Petersburg, FL 33704	☐ Change ☑ Addition

3/8/99

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: John Sanguinett **REQUIRED** John Sanguinett (727) 522-6465
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)