


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # K77868 (3) 1. Corporation Name CHILD, ADOLESCENT & ADULT CENTER, INC.					
Principal Place of Business 3552 WEBBER STREET SARASOTA FL 34239			Mailing Address 3552 WEBBER STREET SARASOTA FL 34239		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21 3552 Webber St. Sulte, Apt. #, etc. 22 City & State 23 Sarasota, FL Zip 24 34239		2a. Mailing Address 26 3552 Webber Sulte, Apt. #, etc. 27 City & State 28 Sarasota, FL Zip 29 34239		3. Date Incorporated or Qualified 04/05/1989 4. FEI Number 65-0158444 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent BRICKHOUSE, COLEEN 1099 LAKEHOUSE CIRCLE SARASOTA FL 34242			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 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 D NAME BRICKHOUSE, COLEEN STREET ADDRESS 1099 LAKEHOUSE CIRCLE CITY-ST-ZIP SARASOTA FL 34242			1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE Sec. -Treasure NAME Lydia Cupisti STREET ADDRESS 1250 Pointe Crisp Rd CITY-ST-ZIP Sarasota, FL 34242			2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE Vice President NAME Max Nauts STREET ADDRESS 5040 Commonwealth Dr CITY-ST-ZIP Sarasota, FL 34242			3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Coleen Brickhouse Coleen Brickhouse April 30, 1998 941-924-7081

CR2E034 (10/97)