

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 23, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N02000007435**

1. Entity Name  
**THE SPOT FAMILY CENTER, INC.**



Principal Place of Business  
**5203 WEST HOMOSASSA TRAIL  
LECANTO, FL 34461**

Mailing Address  
**5203 WEST HOMOSASSA TRAIL  
LECANTO, FL 34461**



02142006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
**Not Applicable**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**VISSICCHIO, EVELYN  
11825 W. RIVERHAVEN DRIVE  
HOMOSASSA, FL 34447**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*E. Vissicchio*

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

(NOTE: Registered Agent signature required when reappointing)

DATE

**2.20.06**

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
VISSICCHIO, JOSEPH A  
5203 WEST HOMOSASSA TRAIL  
LECANTO, FL 34461**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
BETTENCOURT, LARRY N  
2090 ROUTE 68TH WEST  
ZELIENOPLE, PA 15063**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
RANDETT, JOHN  
1930 S. MOLANIE DRIVE  
HOMOSASSA, FL 34448**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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03/07/06-80010-019 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *X*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2.20.06**

Date

**352-212-4789**

Daytime Phone #