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Feb 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N13054 (4)

1. Corporation Name
SPEAKING UP FOR CHILDREN, INC.

Principal Place of Business % GUARDIAN AD LITEM PROGRAM 14500 49TH ST. NORTH, SUITE 123 CLEARWATER FL 34622-2829	Mailing Address P.O. BOX 17553 CLEARWATER FL 34622-0553
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2. Principal Place of Business 21 14250 49th Street No. 123 Suite, Apt. #, etc. 22 4th Floor, H Wing City & State 23 Clearwater FL Zip 24 34622	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 USA	3. Date Incorporated or Qualified 01/17/1986	3a. Date of Last Report 07/23/1996
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9. Name and Address of Current Registered Agent

**PATTY GASTON
12785 PARK BLVD.
SEMINOLE FL 34646**

4. FEI Number 59-2762454	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired \$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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

10. Name and Address of New Registered Agent

81 Name Patty Gaston	82 Street Address (P.O. Box Number is Not Acceptable) 12785 Park Blvd.
83	
84 City Seminole	85 Zip Code FL 33776

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 **Patty Gaston** DATE **1/27/97**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> DELETE
NAME	GRAY, MARY	
STREET ADDRESS	4985 44TH AVE. NO.	
CITY-ST-ZIP	ST. PETERSBURG FL 33709	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	OTTINGER, MALINDA M.	
STREET ADDRESS	535 CENTRAL AVE.	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COSTELLO-JACKSON, CARYN	
STREET ADDRESS	12235 65TH ST. N.	
CITY-ST-ZIP	LARGO FL 34643	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BRUNSCIK, JOANN	
STREET ADDRESS	5277 24TH TERR. NO.	
CITY-ST-ZIP	ST. PETERSBURG FL 33710	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GASTON, PATTY	
STREET ADDRESS	12785 PARK BLVD.	
CITY-ST-ZIP	SEMINOLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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, or on an attachment with an address.

SIGNATURE: **Patty Gaston** DATE: **1/27/97**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)