

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 09 1998 8:00am  
Secretary of State

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| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
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DOCUMENT # **N13054** (4)  
1. Corporation Name  
**SPEAKING UP FOR CHILDREN, INC.**



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| Principal Place of Business<br><b>% GUARDIAN AD LITEM PROGRAM<br/>14250 49TH ST N 4TH FLOOR. H WING<br/>CLEARWATER FL 34622<br/>US</b> | Mailing Address<br><b>P.O. BOX 17553<br/>CLEARWATER FL 34622-0553</b> |
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|--|--|
| 3. Date Incorporated or Qualified<br><b>01/17/1986</b> |  |
| 4. FEI Number<br><b>59-2762454</b>                     | Applied For<br><input type="checkbox"/> Not Applicable |

|   |   |
|---|---|
| 2. Principal Place of Business<br><b>21</b> Suite, Apt. #, etc.<br><b>22</b> City & State<br><b>23</b> Zip<br><b>24</b> Country | 2a. Mailing Address<br><b>26</b> P.O. Box 35246 US 19 N.<br><b>27</b> Suite 157<br><b>28</b> Palm Harbor, FL<br><b>29</b> 34684-1931<br><b>30</b> USA |
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|---|
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>   |
| 7. Is this nonprofit corporation a homeowners association?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                               |
| 8. This corporation owes or has paid the current year Intangible<br>Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |

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| 9. Name and Address of Current Registered Agent<br><b>GASTON, PATTY<br/>12785 PARK BLVD<br/>SEMINOLE FL 33776</b> |
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| 10. Name and Address of New Registered Agent<br><b>81</b> Name <b>Mary S. Gray</b><br><b>82</b> Street Address (P.O. Box Number is Not Acceptable)<br><b>4960 44th Ave. N.</b><br><b>83</b><br><b>84</b> City <b>St. Petersburg</b> <b>FL</b> <b>85</b> Zip Code <b>33709</b> |
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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 *Mary S. Gray* **Mary S. Gray** **1/30/98**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

| 12. OFFICERS AND DIRECTORS |  |
|----------------------------|--|
| TITLE                      | <input type="checkbox"/> DELETE            |
| NAME                       | <b>S GRAY, MARY</b>                        |
| STREET ADDRESS             | <b>4985 44TH AVE. NO.</b>                  |
| CITY-ST-ZIP                | <b>ST. PETERSBURG FL 33709</b>             |
| TITLE                      | <input checked="" type="checkbox"/> DELETE |
| NAME                       | <b>PD OTTINGER, MALINDA M.</b>             |
| STREET ADDRESS             | <b>535 CENTRAL AVE.</b>                    |
| CITY-ST-ZIP                | <b>ST. PETERSBURG FL 33701</b>             |
| TITLE                      | <input checked="" type="checkbox"/> DELETE |
| NAME                       | <b>D COSTELLO-JACKSON, CARYN</b>           |
| STREET ADDRESS             | <b>12235 65TH ST. N.</b>                   |
| CITY-ST-ZIP                | <b>LARGO FL 34643</b>                      |
| TITLE                      | <input type="checkbox"/> DELETE            |
| NAME                       | <b>VP BRUNSCIK, JOANN</b>                  |
| STREET ADDRESS             | <b>5277 24TH TERR. NO.</b>                 |
| CITY-ST-ZIP                | <b>ST. PETERSBURG FL 33710</b>             |
| TITLE                      | <input checked="" type="checkbox"/> DELETE |
| NAME                       | <b>TD GASTON, PATTY</b>                    |
| STREET ADDRESS             | <b>12785 PARK BLVD.</b>                    |
| CITY-ST-ZIP                | <b>SEMINOLE FL</b>                         |
| TITLE                      | <input type="checkbox"/> DELETE            |
| NAME                       |  |
| STREET ADDRESS             |  |
| CITY-ST-ZIP                |  |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|---|--|
| 1.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME  | <b>P/D</b>   |
| 1.3 STREET ADDRESS                                    |  |
| 1.4 CITY-ST-ZIP                                       |  |
| 2.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME  | <b>T Pam Bosman</b>  |
| 2.3 STREET ADDRESS                                    | <b>391 Whispering Lakes Blvd.</b>  |
| 2.4 CITY-ST-ZIP                                       | <b>Tarpon Springs, FL 34689</b>  |
| 3.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME  | <b>V/D Rhonda Miller Sheared</b>   |
| 3.3 STREET ADDRESS                                    | <b>1908 Bugle Lane</b>   |
| 3.4 CITY-ST-ZIP                                       | <b>Clearwater, FL 34624</b>  |
| 4.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME  | <b>S</b>   |
| 4.3 STREET ADDRESS                                    |  |
| 4.4 CITY-ST-ZIP                                       |  |
| 5.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME  | <b>D Brenda Gowan</b>  |
| 5.3 STREET ADDRESS                                    | <b>1747 Morrow Rd</b>  |
| 5.4 CITY-ST-ZIP                                       | <b>Tarpon Springs, FL 34689</b>  |
| 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 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: *Mary S. Gray* **Mary S. Gray** **1/30/98** **(813) 522-4447**

CR2E037 (10/97)