

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90117 004 ****61.25

DOCUMENT # N13054

1. Corporation Name

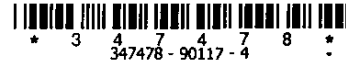
SPEAKING UP FOR CHILDREN, INC.

Principal Place of Business

% GUARDIAN AD LITEM PROGRAM
14250 49TH ST N 4TH FLOOR. H WING
CLEARWATER FL 34622
US

Mailing Address

PO BOX 35246 US 19. N
STE 157
PALM HARBOR FL 34684-1931
US



2. Principal Place of Business

21 35246 U.S. 19 North

Suite, Apt. #, etc.

22 Suite # 157

City & State

23 Palm Harbor, FL

Zip

24 34684 25 Pinellas

Country

2a. Mailing Address

26 35246 US 19 N

Suite, Apt. #, etc.

27 Suite 157

City & State

28 Palm Harbor, FL

Zip

29 34684 30 Pinellas

Country

3. Date Incorporated or Qualified

01/17/1986

4. FEI Number

59-2762454

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

GRAY, MARY S
4960 44TH AVE. N
ST PETERSBURG FL 33709

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 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

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 PD
NAME GRAY, MARY
STREET ADDRESS 4965 44TH AVE. NO.
CITY-ST-ZIP ST. PETERSBURG FL 33709

☐ DELETE

TITLE T
NAME BOSMAN, PAM
STREET ADDRESS 391 WHISPERING LAKES BLVD
CITY-ST-ZIP TARPON SPRINGS FL 34689

☐ DELETE

TITLE VD
NAME SHEARED, RHONDA M
STREET ADDRESS 1908 BUGLE LANE
CITY-ST-ZIP CLEARWATER FL 34624

☐ DELETE

TITLE VP
NAME BRUNSCIK, JOANN
STREET ADDRESS 5277 24TH TERR. NO.
CITY-ST-ZIP ST. PETERSBURG FL 33710

☐ DELETE

TITLE D
NAME GOWAN, BRENDA
STREET ADDRESS 1747 MORROW ROAD
CITY-ST-ZIP TARPON SPRINGS FL 34689

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE VP ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE D ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE P ☐ Change ☒ Addition
6.2 NAME Mike Gowan
6.3 STREET ADDRESS 1747 Morrow Rd.
6.4 CITY-ST-ZIP Tarpon Springs, FL 34689

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: Rashad Bosman SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/99 (129) 939-2255
Date Daytime Phone #

0086781

CR2E037-11/98