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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 12:57

DOCUMENT # N25403 (9)

1. Corporation Name

FLORIDA COUNCIL ON COMPULSIVE GAMBLING, INC.

Principal Place of Business	Mailing Address
1180 SPRING CENTRE SOUTH BLVD STE 390 ALTAMONTE SPRINGS FL 32714 US	1180 SPRING CENTRE SOUTH BLVD STE 390 ALTAMONTE SPRINGS FL 32714 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/14/1988
3a. Date of Last Report: 04/26/1994
4. FEI Number: 59-2968614 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ASHE, PAUL R. 1180 SPRING CENTRE SOUTH BLVD STE 390 ALTAMONTE SPRINGS FL 32714	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 ______________________ DATE ________

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		11 TITLE	☐ Change ☐ Addition
NAME	~~WAGNER, ROBERT L.~~	12 NAME	
STREET ADDRESS	~~[illegible] DRIVE~~	13 STREET ADDRESS	
CITY ST ZIP	~~MAITLAND FL~~	14 CITY ST ZIP	
TITLE	DV	21 TITLE	☐ Change ☐ Addition
NAME	KAPLAN, ROY H.	22 NAME	
STREET ADDRESS	4923 W CYPRESS STR	23 STREET ADDRESS	
CITY ST ZIP	TAMPA FL	24 CITY ST ZIP	
TITLE	DP	31 TITLE	☐ Change ☐ Addition
NAME	ASHE, PAUL R.	32 NAME	
STREET ADDRESS	249 SPRINGSIDE RD.	33 STREET ADDRESS	
CITY ST ZIP	LONGWOOD FL	34 CITY ST ZIP	
TITLE		41 TITLE	Director ☐ Change ☑ Addition
NAME	[redacted]	42 NAME	William R. Blount PhD
STREET ADDRESS		43 STREET ADDRESS	University of South Florida 4202 East Fowler Ave. Soc 107
CITY ST ZIP		44 CITY ST ZIP	Tampa, FL 33620-8100
TITLE	DV	51 TITLE	☐ Change ☐ Addition
NAME	CARZOLI, DAN	52 NAME	
STREET ADDRESS	725 NE 125 ST., STE 100	53 STREET ADDRESS	
CITY ST ZIP	N. MIAMI FL	54 CITY ST ZIP	REMITTED MAY 1
TITLE	S	61 TITLE	☐ Change ☐ Addition
NAME	FOWLER, PAT	62 NAME	
STREET ADDRESS	249 SPRINGSIDE ROAD	63 STREET ADDRESS	
CITY ST ZIP	LONGWOOD FL	64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Paul R. Ashe PRESIDENT 4/24/95 407-865-6200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Paul R. Ashe, President

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