FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

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

3. Date Incorporated or Qualified: **03/14/1988**
3a. Date of Last Report: **05/01/1995**

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

ASHE, PAUL R.
1180 SPRING CENTRE SOUTH BLVD
STE 390
ALTAMONTE SPRINGS FL 32714

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DV	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	KAPLAN, ROY H.		1.2 NAME		
STREET ADDRESS	4923 W CYPRESS STR		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP		
TITLE	DP	☐ DELETE	2.1 TITLE		☐ Change ☑ Addition
NAME	ASHE, PAUL R.		2.2 NAME		
STREET ADDRESS	249 SPRINGSIDE RD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL		2.4 CITY-ST-ZIP	32779	
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BLOUNT, WILLIAM R. PH.		3.2 NAME		
STREET ADDRESS	4202 EAST FOWLER AVE. SOC 107		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	4.1 TITLE		☑ Change ☐ Addition
NAME	CARZOLI, DAN		4.2 NAME		
STREET ADDRESS	~~725 NE 125 ST., STE 100~~		4.3 STREET ADDRESS	23136 Sandalfoot Plaza Drive	
CITY-ST-ZIP	~~N. MIAMI FL~~		4.4 CITY-ST-ZIP	Boca Raton, FL 33428	
TITLE	S	☐ DELETE	5.1 TITLE	S	☑ Change ☐ Addition
NAME	~~FOWLER, PAT~~		5.2 NAME	Jody Nelson	
STREET ADDRESS	~~249 SPRINGSIDE ROAD~~		5.3 STREET ADDRESS	200 Hound Run Place	
CITY-ST-ZIP	~~LONGWOOD FL~~		5.4 CITY-ST-ZIP	Casselberry FL 32707	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (12/95)

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 4/30/96 407-865-6200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Paul R. Ashe