FILE NOW: FILING FEE IS $61.25

FILED
May 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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
~~4100 SPRING CENTRE SOUTH BLVD~~ ~~STE 080~~ ~~ALTAMONTE SPRINGS FL 32714~~ US	~~1180 SPRING CENTRE SOUTH BLVD~~ ~~STE 080~~ ~~ALTAMONTE SPRINGS FL 32714-1856~~ US

3. Date Incorporated or Qualified: 03/14/1988
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21: 145 Wekiva Springs Rd
22 Suite, Apt. #, etc.: Suite 105
23 City & State: Longwood FL
24 Zip: 32779
25 Country: USA

2a. Mailing Address
26: PO Box 3487
27 Suite, Apt. #, etc.:
28 City & State: Longwood FL
29 Zip: 32779
30 Country: USA

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.
~~4100 SPRING CENTRE SOUTH BLVD~~
~~STE 080~~
~~ALTAMONTE SPRINGS FL 32714~~

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 145 Wekiva Springs Road
83: Suite 105
84 City: Longwood FL 85 Zip Code: 32779

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		
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	~~GARZOLI, DAN~~		4.2 NAME		
STREET ADDRESS	~~23100 SANDALFOOT PLAZA DR~~		4.3 STREET ADDRESS		
CITY-ST-ZIP	~~BOCA RATON FL~~		4.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	JODY NELSON		5.2 NAME		
STREET ADDRESS	200 HOUND RUN PLACE		5.3 STREET ADDRESS		
CITY-ST-ZIP	CASSELBERRY FL		5.4 CITY-ST-ZIP		
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 (9/96)

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.