2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2004
Secretary of State

DOCUMENT# N25403

Entity Name: FLORIDA COUNCIL ON COMPULSIVE GAMBLING, INC.

Current Principal Place of Business:

237 LOOKOUT PLACE
SUITE 100
MAITLAND, FL 32751 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 940758
MAITLAND, FL 327940758 US

New Mailing Address:

FEI Number: 59-2968614 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ASHE, PAUL R.
237 LOOKOUT PLACE
SUITE 100
MAITLAND, FL 32751 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	DV	( ) Delete
Name:	KAPLAN, ROY H.,	
Address:	4923 W CYPRESS STR	
City-St-Zip:	TAMPA, FL	
Title:	DP	( ) Delete
Name:	ASHE, PAUL R.,	
Address:	249 SPRINGSIDE RD.	
City-St-Zip:	LONGWOOD, FL	
Title:	D	( ) Delete
Name:	MINNIX, ROBERT	
Address:	PO BOX DRAWER 2195	
City-St-Zip:	TALLAHASSEE, FL 32316	
Title:	D	( ) Delete
Name:	TALLEY, TOM	
Address:	1361 SNELL ISLE BLVD. NE #10	
City-St-Zip:	SAINT PETERSBURG, FL 33704	
Title:	D	( ) Delete
Name:	CUADRADO, MARY PHD	
Address:	8053 ESTATES DR.	
City-St-Zip:	SARASOTA, FL 34243	
Title:		( ) Delete
Name:		
Address:		
City-St-Zip:		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	( ) Change (X) Addition
Name:	FONTANA, JOHN	
Address:	5223 N. ORIENT RD	
City-St-Zip:	TAMPA, FL 33610	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL R. ASHE DP 03/30/2004

Electronic Signature of Signing Officer or Director — Date