

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -8 AM 9:45

DOCUMENT # N26566 (2)
1. Corporation Name
SUNCOAST CHILD PROTECTION TEAM, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business: 3601 34TH ST N, STE 200, ST. PETERSBURG, FL 33710
Mailing Address: 3131 66TH ST N, STE B, ST. PETERSBURG, FL 33710

3. Date Incorporated or Qualified: 05/23/1988
3a. Date of Last Report: 03/30/1994
4. FEI Number: 59-2894274
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
21. Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country
2a. Mailing Address
26. Suite, Apt. #, etc.
27. City & State
28. Zip
29. Country
30. Country

9. Name and Address of Current Registered Agent

LEWIS, MARK R.
3131 66TH ST. N. SUITE A
ST. PETERSBURG FL 33704

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
B5 Zip Code

FL

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

Signature, typed or printed name of registered agent and title if applicable.

NOTE: Registered Agent signature required when re-registering.

DATE

12. OFFICERS AND DIRECTORS

| | |
|----------------|----------------------------------|
| TITLE | D |
| NAME | PERLMAN, SHARON M.D. |
| STREET ADDRESS | 3601 34TH STREET NORTH SUITE 200 |
| CITY-ST-ZIP | ST. PETERSBURG FL 33713 |
| TITLE | SD |
| NAME | WHITTED, ERIC |
| STREET ADDRESS | 3601-34TH ST N. STE 200 |
| CITY-ST-ZIP | ST. PETERSBURG FL |
| TITLE | PD |
| NAME | RUMPF, WILLIAM J. |
| STREET ADDRESS | 3601-34TH STREET NORTH SUITE 200 |
| CITY-ST-ZIP | ST. PETERSBURG FL |
| TITLE | D |
| NAME | JENKINS, WESLEY A. |
| STREET ADDRESS | 3601-34TH ST N. STE 200 |
| CITY-ST-ZIP | ST. PETERSBURG FL |
| TITLE | D |
| NAME | GILGOSCH, BOBBIE |
| STREET ADDRESS | 3601 34TH STREET NORTH SUITE 200 |
| CITY-ST-ZIP | ST. PETERSBURG FL 33713 |
| TITLE | TD |
| NAME | FISHBACK, JERE |
| STREET ADDRESS | 3601-34TH ST. N. STE.200 |
| CITY-ST-ZIP | ST. PETERSBURG FL |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 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 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Bobbie Gilgosh*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
BOBBIE GILGOSCH

1/27/95
DATE
813-527-5955
Telephone Number