

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



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

3. Date Incorporated or Qualified: **05/23/1988**
3a. Date of Last Report: **02/08/1995**
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

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
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: **FL**

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	D <input type="checkbox"/> DELETE	1.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERLMAN, SHARON M.D.	1.2 NAME	Perlman, Sharon, M.D.
STREET ADDRESS	3601 34TH STREET NORTH SUITE 200	1.3 STREET ADDRESS	3601 34th Street North, Suite 200
CITY-ST-ZIP	ST. PETERSBURG FL 33713	1.4 CITY-ST-ZIP	St. Petersburg, FL 33713
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITTED, ERIC	2.2 NAME	Whitted, Eric
STREET ADDRESS	3601-34TH ST N. STE 200	2.3 STREET ADDRESS	3601 34th Street N., Ste 200
CITY-ST-ZIP	ST. PETERSBURG FL	2.4 CITY-ST-ZIP	St. Petersburg, FL 33713
TITLE	PD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUMPF, WILLIAM J	3.2 NAME	Frankel, Ronald, Esq.
STREET ADDRESS	3601-34TH STREET NORTH SUITE 200	3.3 STREET ADDRESS	3601 34th Street N, Ste 200
CITY-ST-ZIP	ST. PETERSBURG FL	3.4 CITY-ST-ZIP	St. Petersburg, FL 33713
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENKINS, WESLEY A.	4.2 NAME	
STREET ADDRESS	3601-34TH ST N. STE 200	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILGOSCH, BOBBIE	5.2 NAME	Gilgosch, Bobbie
STREET ADDRESS	3601 34TH STREET NORTH SUITE 200	5.3 STREET ADDRESS	3601 34th Street N, Ste 200
CITY-ST-ZIP	ST. PETERSBURG FL 33713	5.4 CITY-ST-ZIP	St. Petersburg, FL 33713
TITLE	TD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISHBACK, JERE	6.2 NAME	
STREET ADDRESS	3601-34TH ST. N. STE.200	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	6.4 CITY-ST-ZIP	

1.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Perlman, Sharon, M.D.
1.3 STREET ADDRESS	3601 34th Street North, Suite 200
1.4 CITY-ST-ZIP	St. Petersburg, FL 33713
2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Whitted, Eric
2.3 STREET ADDRESS	3601 34th Street N., Ste 200
2.4 CITY-ST-ZIP	St. Petersburg, FL 33713
3.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Frankel, Ronald, Esq.
3.3 STREET ADDRESS	3601 34th Street N, Ste 200
3.4 CITY-ST-ZIP	St. Petersburg, FL 33713
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	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Gilgosch, Bobbie
5.3 STREET ADDRESS	3601 34th Street N, Ste 200
5.4 CITY-ST-ZIP	St. Petersburg, FL 33713
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 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: Bobbie J. Gilgosch 1/26/96 813-527-5955
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Bobbie J. Gilgosch

CR2E037 (12/95)