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Feb 19 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 # N26566 (2)

1. Corporation Name  
SUNCOAST CHILD PROTECTION TEAM, INC.



Principal Place of Business Mailing Address  
3601 34TH ST N 3131 66TH ST N  
STE 200 STE B  
ST. PETERSBURG, FL 33710 ST. PETERSBURG, FL 33710-3115  
US US

3. Date Incorporated or Qualified 05/23/1988 3a. Date of Last Report 01/30/1996

2. Principal Place of Business 2a. Mailing Address  
21 26  
Suite, Apt. #, etc. Suite, Apt. #, etc.

4. FEI Number 59-2894274 Applied For Not Applicable

22 27  
City & State City & State

5. Certificate of Status Desired [ ] \$8.75 Additional Fee Required

23 28  
Zip Country Zip Country

6. Election Campaign Financing Trust Fund Contribution [ ] \$5.00 May Be Added to Fees

24 25 29 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes [ ] Yes [X] No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Table with 6 rows of officer information including titles (SD, D, PD, D, VD, TD), names, and addresses.

Table with 6 rows for additions/changes to officers and directors, including fields for title, name, and address.

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.

SIGNATURE: SIGNATURE REQUIRED [Signature] DATE Daytime Phone # 0050707

CR2E037 (9/96)