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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT # Na
1. Corporation Name

N26566

(2)

SUNCOAST CHILD PROTECTION TEAM, INC.					L reginsi dia hala andlaha andlah	eran Arbin Dia ni Arbin del a n a	ibih 31500 (90 0
Principal Place	e of Business	Mailing Address			* 1831.1101 and 11016 bises asind ditin B	irii minis minis Aibin Ainet a	ioni minist ikas
3601 34TH ST 1	I	3131 6ETH ST N)		
STE 200 STE B ST. Petersburg. Fl 33710 St. Petersburg. Fl 33710			0.3115				
US US		00110		3. Date Incorporated or Qualified	3a. Date of Last F	leport	
	71 H	<u>-</u>			05/23/1988	01/30/19	
Principal Place of Business 1		2a. Mailing Address		4. FEI Number 59-2894274		pplied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		00 200 121 1	60 75	ot Applicable Additional	
22		27		5. Certificate of Status Desired	7	equired	
City & State		City & State		6. Election Campaign Financing	\$5.00	May Be	
23		28			Trust Fund Contribution	Added Added	to Fees
Zip	Country	Zip	Country		8. This corporation has liability for i		s. 19 9.032,
24	25 9. Name and Address of Curre		30		Florida Statutes 10. Name and Address of New Re	Yes X No	
			81	Name			
LEWIS, N	MARK R.		82	Street Addre	iss (P.O. Box Number is Not Acceptab) <u> </u>	
3131 66TH ST. N. SUITE A				Ollogi Addio	iss (1.0. pox rumber is rux Acceptab	,ie,	
ST. PETE	RSBURG FL 33704		63				
			84	City		FL 85 Zip	Code
11. Pursuant	to the provisions of Sections 617.050	02 and 617,1508, Fiorida Statute	s, the above	named corpo	oration submits this statement for the p		its registered
office or n	egistered agent, or both, in the State m familiar with, and accept the oblic	 of Florida, Such change was au actions of, Section 617,0503, Flor 	uthorized by rida Statutes	the corporation	oration submits this statement for the pon's board of directors. I hereby accept	ot the appointment as	s registered
SIGNATURE		,,					
	Signature, typed or printed name of registered ag			nt eignatura require		DATE	50.01.0
12.		ND DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFIC	Change	Addition
NAME			1.2 NAME				
STREET ADDRESS 3601 34TH STREET NORTH SUITE 200		1.3 STREET ADDRESS					
CITY-ST-ZIP	ST. PETERSBURG FL	50HE 200	1.3 STREET	ADDRESS			
TITLE	D	SUITE 200	1.3 STREET 1.4 City-S				-
NAME	V	SOITE 200				Change	☐ Addition
	WHITTED, ERIC		1.4 CITY-S			☐ Change	☐ Addition
STREET ADDRESS	WHITTED, ERIC 3601-34TH ST N. STE 200		1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET	T-ZIP ADDRESS		☐ Change	Addition
CITY-ST-ZIP	WHITTED, ERIC 3601-34TH ST N. STE 200 ST. PETERSBURG FL	☐ DELETE	1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S	T-ZIP ADORESS			
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ST. PETERSBURG FL

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.

'TURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

her Jale

Daytime Phone # 0050707

FILED

Feb 19 1997 8:00am

Secretary of State