


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified
05/23/1988

4. FEI Number 59-2894274	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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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
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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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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

11. Pursuant to the provisions of Sections 617.0501 and 617.1501, 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 this obligation as set forth in Section 617.0503, Florida Statutes.

SIGNATURE: *Mark Lewis* **Mark Lewis** *2/20/98*
 Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE SD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PERLMAN, SHARON M.D.		1.2 NAME	
STREET ADDRESS 3601 34TH STREET NORTH SUITE 200		1.3 STREET ADDRESS	
CITY-ST-ZIP ST. PETERSBURG FL		1.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WHITTED, ERIC		2.2 NAME	
STREET ADDRESS 3601-34TH ST N. STE 200		2.3 STREET ADDRESS	
CITY-ST-ZIP ST. PETERSBURG FL		2.4 CITY-ST-ZIP	
TITLE FD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FRANKEL, RONALD E		3.2 NAME	
STREET ADDRESS 3601 34TH STREET NORTH, SUITE 200		3.3 STREET ADDRESS	
CITY-ST-ZIP ST PETERSBURG FL		3.4 CITY-ST-ZIP	
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 VD	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GLGOSCH, BOBBIE		5.2 NAME	
STREET ADDRESS 3601 34TH STREET NORTH SUITE 200		5.3 STREET ADDRESS	
CITY-ST-ZIP ST. PETERSBURG FL		5.4 CITY-ST-ZIP	
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	

14. I 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: *Bob Gilgusch* **Bob Gilgusch** *3/2/98* **3131 66th St N, St. Petersburg, FL 33710**

CR2E037 (10/97)