## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # N26566**

City & State

Zip 33782

Pinellas Park,

## SUNCOAST CHILD PROTECTION TEAM, INC.

Country

U.S.A.

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				
US	US				
2. Principal Place of Business	2a. Mailing Address				
21 8800 49th St. North	26 8800 49th St. North				
Suite, Apt. #, etc. 22 Suite 410	Suite, Apt. #, etc. 27 Suite 41.0				

City & State

Zip 33782

Pinellas Park, FL

**FILED** Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90021 007 \*\*\*\*61.25

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Applied For

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable \$8.75 Additional

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

05/23/1988 4. FEI Number

59-2894274

Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
			81	Name	The state of the same of			1
LEWIS, MARK R.				Street	Andress (P.O. Box Number is Not Accepta	able)		
3131 66TH ST. N. SUITE A								
	RSBURG FL 33704		83		ite当Q_			Ì
OI. I EILI	IODORIG I E GOTOT		84	City		<del></del>	85 Zip Co	ode.
				, ,		FL		
office or r	to the provisions of Sections 617.0502 and 617. egistered agent, or both, in the State of Florida m familiar with, and accept the obligations of, Se	Such change was auth	orized by	the corpo	corporation submits this statement for the oration's board of directors. I hereby accep	purpose of cot the appoin	hanging its regi	egistered stered
SIGNATURE	Signature, typed or printed name of registered agent and title if app	NOTE: Re	wistered Ane	nt signature r	equired when reinstating)	DATE		<del></del>
12.	OFFICERS AND DIRECT		13.		ADDITIONS/CHANGES TO OF	FICERS ANI	DIRECTOR	S IN 12
TITLE	SD	DELETE	1.1 TITLE				☐ Change	Addition
NAME	PERLMAN, SHARON M.D.		1.2 NAME					ļ
STREET ADDRESS	3601 34TH STREET NORTH SUITE 200		1.3 STREE	ADDRESS.				J
CITY-ST-ZIP	ST. PETERSBURG FL		1.4 CITY-S	T- ZIP				
TITLE	D	☐ DELETE	2.1 TITLE				Change	Addition
NAME	WHITTED, ERIC		2.2 NAME					1
STREET ADDRESS	3601-34TH ST N. STE 200		2.3 STREE	TADDRESS				
CITY-ST-ZIP	ST. PETERSBURG FL		2. 4 CITY-	ST-ZIP				
TITLE	PD	DELETE	3.1 TITLE	_			Change	Addition [
NAME	FRANKEL, RONALD E		3.2 NAME					1
STREET ADDRESS	3601 34TH STREET NORTH, SUITE 200		3.3 STREE	ADDRESS				{
CITY-ST-ZIP	ST PETERSBURG FL		3.4. CITY-	ST-ZIP				
TITLE	D	☐ DELETE	4.1 TITLE	-			Change	Addition
NAME	JENKINS, WESLEY A.		4. 2 NAME					(
STREET ADDRESS			4.3 STREE	T ADDRESS				Ì
CITY-ST-ZIP	ST. PETERSBURG FL		4.4 CITY-5	T-ZIP				
πιε	VD	☐ DELETE	5.1 TITLE				☐ Change	Addition
NAME	GILGOSCH, BOBBIE		5.2 NAME					{
STREET ADDRESS	3601 34TH STREET NORTH SUITE 200			T ADDRESS				1
CITY-ST-ZIP	ST. PETERSBURG FL		5.4 CITY-8	T-ZIP				CT A A A SHARE
TITLE	TD	☐ DELETE	6.1 TITLE				Change	Addition
NAME	FISHBACK, JERE		6.2 NAME					Ì
STREET ADDRESS	3601-34TH ST. N. STE.200			TADDRESS	,			)
CITY-ST-ZIP	ST PETERSRURG EL		6.4 CITY-S			7	r ab a ab	ia manadia m
14. I hereby	certify that the information supplied with this filing	does not qualify for the	ne exempl	ion stated	in Section 119.07(3)(i), Florida Statutes.	I turther cert	ity that the in	ormation

Country U.S.A.

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, with all other like empowered.

SIGNATURE:

XCHATURE BEQUIRED

3/17/19 (727)544-3900 × 130