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FILED

Mar 04 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Morham,
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # N38584 (1)**

1. Corporation Name

THE SUNCOAST THERAPEUTIC EDUCATIVE PROGRAM, INC.

Principal Place of Business

**3448 LONGMEADOW
SARASOTA FL 34235
US**

Mailing Address

**3448 LONGMEADOW
SARASOTA FL 34235-6902
US**3. Date Incorporated or Qualified
06/13/19903a. Date of Last Report
02/29/1996

4. FEI Number

65-0196797

Applied For

Not Applicable

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

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24**25**

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29**30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BLUCK, ROBERT F
3448 LONGMEADOW
SARASOTA FL 34235**

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE**DOE V/PRES
GOLDSBERRY, MICHAEL "D"
39755 SHADY LANE TERRACE
MYAKKA FL**TITLE ☐ DELETE**V PRESIDENT
MORRISON, MARK 24 "D"
2413 DOUD ST
SARASOTA FL 34231**TITLE ☐ DELETE**TREASURER / SECRETARY
SENAT, JOE
3643 CARONE LANE
SARASOTA FL 34238 E "D"**TITLE ☐ DELETE**DO
BECHLER, DANIEL
5212 LAHAINA DRIVE
SARASOTA FL 34232**TITLE ☐ DELETE**D EXECUTIVE
BLICK, ROBERT F "D"
3448 LOWE MEADOW
SARASOTA FL 34235**TITLE ☐ DELETE**NAME
STREET ADDRESS
CITY - ST - ZIP**1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **0063202**

CR2E037 (9/96)