

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N38584

(1)

1. Corporation Name

THE SUNCOAST THERAPEUTIC EDUCATIVE PROGRAM, INC.

Principal Place of Business

Mailing Address

3448 LONGMEADOW
SARASOTA FL 34235
US

3448 LONGMEADOW
SARASOTA FL 34235
US

3. Date Incorporated or Qualified

06/13/1990

4. FET Number

65-0196797

Applied For

Not Applicable

2. Principal Place of Business

21 2413 Doud Street

2a. Mailing Address

26 2413 Doud Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Sarasota, FL

City & State

28 Sarasota, FL

Zip

24 34231

Country

25 USA

Zip

29 34231

Country

30 USA

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

BLUCK, ROBERT F
3448 LONGMEADOW
SARASOTA FL 34235

10. Name and Address of New Registered Agent

81 Name Mark J. Morrison

82 Street Address (P.O. Box Number is Not Acceptable)

2413 Doud Street

83

84 City Sarasota

FL

85 Zip Code 34231

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 MARK J. Morrison, President

(NOTE: Registered Agent signature required when reinstating)

DATE 7-7-98

12. OFFICERS AND DIRECTORS

TITLE VP
NAME GOLDSBERRY, MICHAEL ☒ DELETE
STREET ADDRESS 39755 SHADY LANE TERRACE
CITY-ST-ZIP MYAKKA FL

TITLE PD
NAME MORRISON, MARK 2 4 ☐ DELETE
STREET ADDRESS 2413 DOUD ST
CITY-ST-ZIP SARASOTA FL

TITLE TSD
NAME SENAT, JOE ☐ DELETE
STREET ADDRESS 3643 CARONE LANE E
CITY-ST-ZIP SARASOTA FL

TITLE DE
NAME BLICK, ROBERT F ☒ DELETE
STREET ADDRESS 3448 LOWE MEADOW
CITY-ST-ZIP SARASOTA FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VP ☒ Change ☒ Addition
1.2 NAME Chad Worley
1.3 STREET ADDRESS 6614 Superior Ave
1.4 CITY-ST-ZIP Sarasota, FL 34231

2.1 TITLE
2.2 NAME ☐ Change ☐ Addition
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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

7/7/98

941-923-1943

CR2E037 (5/98)

FILED
Jul 16 1998 8:00am
Secretary of State

