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Apr 17 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 # **N42754** (4)
1. Corporation Name
FLORIDA ASSOCIATION OF SUICIDOLOGY, INC.

Principal Place of Business 1425 AURORA ROAD MELBOURNE FL 32935	Mailing Address 1425 AURORA ROAD MELBOURNE FL 32935
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3. Date Incorporated or Qualified 03/29/1991	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4. FEI Number 65-0352775	Not Applicable <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

2. Principal Place of Business 21 Suite, Apt. #, etc. Suite E 22 City & State FL 23 Zip 32935 24 Country USA	2a. Mailing Address 26 Suite, Apt. #, etc. Suite E 27 City & State FL 28 Zip 32935 29 Country USA
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5. Certificate of Status Desired <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HESTER, HARVEY ALLEN
1425 AURORA ROAD
MELBOURNE FL 32935**

81 Name HESTER, HARVEY ALLEN	85 Zip Code 32935
82 Street Address (P.O. Box Number is Not Acceptable) 1425 AURORA ROAD	
83 City MELBOURNE	
84 State FL	

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: *Harvey Allen* DATE: **1-10-98**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PO	<input type="checkbox"/> DELETE	1.1 TITLE HESTER, HARVEY ALLEN	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HESTER, HARVEY ALLEN		1.2 NAME HESTER, HARVEY ALLEN	
STREET ADDRESS 1425 AURORA ROAD		1.3 STREET ADDRESS 1425 AURORA ROAD	
CITY - ST - ZIP MELBOURNE FL		1.4 CITY - ST - ZIP MELBOURNE FL	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE BURGER, ROBERT T.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BURGER, ROBERT T.		2.2 NAME BURGER, ROBERT T.	
STREET ADDRESS 1901 HWY, A1A #6		2.3 STREET ADDRESS 1901 HWY, A1A #6	
CITY - ST - ZIP INDIAN HARBOUR FL		2.4 CITY - ST - ZIP INDIAN HARBOUR FL	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE BROCKMAN, WILLIAM G	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BROCKMAN, WILLIAM G		3.2 NAME BROCKMAN, WILLIAM G	
STREET ADDRESS 698 NW 11TH AVE		3.3 STREET ADDRESS 698 NW 11TH AVE	
CITY - ST - ZIP BOCA RATON FL		3.4 CITY - ST - ZIP BOCA RATON FL	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE LANDIS, CHARLES E	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LANDIS, CHARLES E		4.2 NAME LANDIS, CHARLES E	
STREET ADDRESS 78 NE 5TH AVE		4.3 STREET ADDRESS 78 NE 5TH AVE	
CITY - ST - ZIP DELRAY BCH FL		4.4 CITY - ST - ZIP DELRAY BCH FL	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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: *Harvey Allen* DATE: **1/10/98**

CR2E037 (10/97)