


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90187 024 ****70.00

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N93000002007					
1. Corporation Name THE SOUTH COUNTY RESOURCE CENTER, INC.					
Principal Place of Business 400 S TAMiami TRAIL SUITE 230 VENICE FL 34285			Mailing Address 400 S TAMiami TRAIL SUITE 230 VENICE FL 34285		



2. Principal Place of Business 21 7810 S. Tamiami Trail Suite, Apt. #, etc. 22 Suite A-14 City & State 23 Venice, FL Zip Country 24 34293 25 Sarasota		2a. Mailing Address 26 7810 S. Tamiami Trail Suite, Apt. #, etc. 27 Suite A-14 City & State 28 Venice, FL Zip Country 29 34293 30 Sarasota		3. Date Incorporated or Qualified 04/30/1993	
				4. FEI Number 65-0467265	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent MOORE, ROBERT L ATTY 227 S NOKOMIS AVE VENICE FL 34285				10. Name and Address of New Registered Agent <table border="1"> <tr> <td>81</td> <td>Name</td> <td></td> </tr> <tr> <td>82</td> <td>Street Address (P.O. Box Number is Not Acceptable)</td> <td></td> </tr> <tr> <td>83</td> <td></td> <td></td> </tr> <tr> <td>84</td> <td>City</td> <td>FL</td> </tr> <tr> <td>85</td> <td>Zip Code</td> <td></td> </tr> </table>				81	Name		82	Street Address (P.O. Box Number is Not Acceptable)		83			84	City	FL	85	Zip Code	
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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. (NONE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BAYLES, KATHY			1.2 NAME			
STREET ADDRESS	148 DAVINCI DRIVE			1.3 STREET ADDRESS			
CITY-ST-ZIP	NOKOMIS FL 34275			1.4 CITY-ST-ZIP			
TITLE	VPD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WILKIN, SHARON			2.2 NAME	TOBIAS, SHARON		
STREET ADDRESS	400 S. TAMiami TRAIL #230			2.3 STREET ADDRESS	3600 William Penn Way		
CITY-ST-ZIP	VENICE FL 34285			2.4 CITY-ST-ZIP	Venice, FL 34293		
TITLE	TD	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	OCHS, ROBERT			3.2 NAME			
STREET ADDRESS	901 VENETIA BAY BOULEVARD, SUITE 100			3.3 STREET ADDRESS			
CITY-ST-ZIP	VENICE FL 34292			3.4 CITY-ST-ZIP			
TITLE	SD	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	SD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCGILL, JOAN			4.2 NAME	HAMM, RICK		
STREET ADDRESS	901 VENETIA BAY BLVD SUITE 300			4.3 STREET ADDRESS	140 East Venice Avenue		
CITY-ST-ZIP	VENICE FL 34292			4.4 CITY-ST-ZIP	Venice, FL 34285		
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 any address, with all other like empowered.

SIGNATURE: Robert L. Ochs, Treasurer **REQUIRED** Date **4/23/99** (941) 484-0446

CR2E037 (11/98)