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NONPROFIT
CORPORATION
ANNUAL REPORT
X1932x 2000



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED May 12, 2000 8:00 am Secretary of State

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MOCHMENT #	N93000002007
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Corporation Name	·

THE SOUTH COUNTY RESOURCE CENTER, INC.

Suite A-14 City & State Country USA 23 SEPPENSIVER 23 SEPPENSIVER 23 SEPPENSIVER 23 SEPPENSIVER 24 State Country USA 25 SEPPENSIVER 27 SACKA-0518 Country USA 28 SEPPENSIVER 29 SEPPENSIVER 29 SEPPENSIVER 30 SERVICE COUNTRY USA 30 SERVICE COUNTRY USA 31 Name MOORE, ROBERT L ATTY 27 S NOKOMIS AVE VENCIE FL 34285 44 City FL as Zip Code Pursuant to the provisions of Sections 517,0502 and 517,1508, Florida Statutes. The above-named corporation submits this statement for the purpose of changing its regist 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, and an intellection of Section 517,0502 and 517,1508, Florida Statutes. 44 City FL as Zip Code Pursuant to the provisions of Sections 517,0502 and 517,1508, Florida Statutes. 45 City FL as Zip Code Pursuant to the provisions of Sections 517,0502 and 517,1508, Florida Statutes. The above-named corporation submits this statement for the purpose of changing its regist of city of the purpose of power pame of registered agent, or both, in the Statute of Statutes. 46 City FL as Zip Code Pursuant to the provisions of Sections 517,0502 and 517,1508, Florida Statutes. 47 State of City FL as Zip Code Pursuant to the provisions of Sections 517,0502 and 517,1508, Florida Statutes. 48 City FL as Zip Code Pursuant to the provisions of Sections 517,0502 and 517,1508, Florida Statutes. 48 City FL as Zip Code Pursuant to the provisions of Sections 517,0502 and 517,1508, Florida Statutes. 51 Signature, power name of registered agent and the statutes. 52 Signature, power name of registered agent and the statutes. 54 City FL as Zip Code Pursuant to the provisions of Sections 517,1508, Florida Statutes. 55 Change Transitions Transitions Transitions Transitions Transitions Transitions Transitions Transitions Transiti		Suite A-14 Venice, FL 342	75877EX 258					- Control III [1]		• • • • •		
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3. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 10. Name and Add		Country USA					6. Election Ca	mpaign Financing	С	\$5.00	May Be	
MOORE ROBERT L ATTY 227 S NOKOMIS AVE VENCIE FL 34285 82 Sireet Address (P.O. Box Number is Not Acceptable) 83 Size Code Pursuant to the provisions of Sections \$17,0502 and \$17,1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its regist of dient 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 registering agent, and accept the obligations of Section 917,0503, Florida Statutes. Pursuant to the provisions of Sections \$17,0502 and \$17,1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register of sent or registering agent. I am familiar with, and accept the obligations of Section 917,0503, Florida Statutes. Pursuant to the provisions of Sections \$17,0502 and \$17,0503, Florida Statutes. The above-named corporation submits this statement for the purpose of changing its register of sent of directors. I hereby accept the appointment as registering agent and registering a	-, ,, , , , ,	1201		30 🕸	Cæ	exciden					to Fees	
MOORE, ROBERT L ATTY 227 S NOKOMIS AVE VENCIE FL 34285 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 fits register of 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 registers agent, and accept the obligations of, Section 617.0503, Florida Statutes. Signature, toped or printed name of registers dependence. OFFICERS AND DIRECTORS. PD BAYLES, KATHY 148 DAVINCI DRIVE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.1 TITLE 12. TITLE 12. TITLE 12. TITLE 12. TITLE 12. TITLE 12. TITLE 14. City 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.1 TITLE 16. Change 17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.1 TITLE 17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.1 TITLE 18. City 14. City 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.1 TITLE 19. Change 19. Change 14. City 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.1 TITLE 19. Change 14. City 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.1 TITLE 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.1 TITLE 16. Change 17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.1 TITLE 17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.1 TITLE 18. City 19. Change 19.	9. Na	me and Address of Curren	t Registered Agent			· · · · · · · · · · · · · · · · · · ·	10. Name and	Address of New R	legistere	d Agent	 -	
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I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 19.07(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 of 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 employwered.

6.3 STREET ADDRESS

MATURE

Robert L. Ocks Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Zate

4725/00

(941) 484-0446.