

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
~~1999~~ 2000



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

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

05-12-2000 90056 018 \*\*\*\*70.00

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Corporation Name

THE SOUTH COUNTY RESOURCE CENTER, INC.

Place of Business

Mailing Address

~~7810 S. Tamiami Trail~~  
Suite A-14  
Venice, FL 34293

Principal Place of Business

7810 S. Tamiami Trail

Suite, Apt. #, etc.

Suite A-14

City &amp; State

Venice, FL

Zip

34293

Country USA

~~34293~~

2a. Mailing Address P.O. Box 518

~~XXXXXX XXXXXXXXXX~~

Suite, Apt. #, etc.

~~XXXXXX XXXXX~~

City &amp; State

Venice, FL

Zip 34284-0518

~~XXXXXX~~

Country USA

~~XXXXXX~~

3. Date Incorporated or Qualified

04/30/1993

4. FEI Number

65-0467265

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 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.

NOTICE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

PD ☒ DELETE  
BAYLES, KATHY  
148 DAVINCI DRIVE  
NOKOMIS FL 34275

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

PD ☒ Change ☐ Addition  
Rick Hamm  
140 East Venice Ave.  
Venice, FL 34285

VPD ☒ DELETE  
WILKIN, SHARON  
400 S. TAMIA MI TRAIL #230  
VENICE FL 34285

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

VPD ☒ Change ☐ Addition  
DARLENE WEDLER JOHNSON  
1400 S. TAMIA MI TRAIL  
VENICE, FL 34293

TD ☐ DELETE  
OCHS, ROBERT  
901 VENENTIA BAY BOULEVARD, SUITE 100  
VENICE FL 34292

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

SD ☒ DELETE  
MCGILL, JOAN  
901 VENETIA BAY BLVD SUITE 300  
VENICE FL 34292

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

SD ☒ Change ☐ Addition  
Sister Mary Catherine Rodgers  
540 The Rialto  
Venice, FL 34285

☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

I hereby certify that the information supplied with this filing 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 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 with all other like empowered.

SIGNATURE: Robert L. Ochs Treasurer

4/25/00

~~XXXXXX~~

(941) 484-0446

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #