

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N93000002359**  
1. Corporation Name  
**The Center for Caring and Competent Families**

Principal Place of Business Mailing Address  
**2424 W. TAMPA BAY BLVD #F-203  
TAMPA, FL. 33607**

3. Date Incorporated or Qualified **5/24/93** 3a. Date of Last Report **5/25/95**

2. Principal Place of Business 2a. Mailing Address  
21 **2424 W. TAMPA BAY BLVD** 26 **2424 W. TAMPA BAY BLVD**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **# F-203** 27 **F-203**  
City & State City & State  
23 **TAMPA, FL** 28 **FL**  
Zip Country Zip Country  
24 **33607** 25 **USA** 29 **33607** 30 **USA**

4. FEI Number **59-3193705** 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**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  
81 Name **MARTHA L. COULTER**  
82 Street Address (P.O. Box Number is Not Acceptable) **2424 W. TAMPA BAY BLVD**  
83 **# F-203**  
84 City **TAMPA** 85 Zip Code **FL 33607**

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 **Martha L. Coulter** DATE **Feb. 3, 1996**  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE	11 TITLE	(P)(M)(E) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	12 NAME	<b>MARTHA COULTER</b>	
STREET ADDRESS	13 STREET ADDRESS	<b>2424 W. TAMPA BAY BLVD #F-203</b>	
CITY-ST-ZIP	14 CITY-ST-ZIP	<b>TAMPA, FL. 33607</b>	
TITLE <input type="checkbox"/> DELETE	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	22 NAME	<b>GORDON GVLITZ (D)</b>	
STREET ADDRESS	23 STREET ADDRESS	<b>9210 Pebble Creek Dr.</b>	
CITY-ST-ZIP	24 CITY-ST-ZIP	<b>TAMPA, FL. 33647</b>	
TITLE <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	32 NAME	<b>Robert Byers (D)</b>	
STREET ADDRESS	33 STREET ADDRESS	<b>4016 83rd ST. N</b>	
CITY-ST-ZIP	34 CITY-ST-ZIP	<b>ST. PETERSBURG, FL. 33709</b>	
TITLE <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	42 NAME	<b>CHANG</b>	
STREET ADDRESS	43 STREET ADDRESS	<b>900001746353</b>	
CITY-ST-ZIP	44 CITY-ST-ZIP	<b>-03/18/96--01027--005</b>	
TITLE <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	52 NAME	<b>***61.25</b>	
STREET ADDRESS	53 STREET ADDRESS	<b>000001746360</b>	
CITY-ST-ZIP	54 CITY-ST-ZIP	<b>-03/18/96--01027--005</b>	
TITLE <input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	62 NAME	<b>***8.75</b>	
STREET ADDRESS	63 STREET ADDRESS		
CITY-ST-ZIP	64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **Martha L. Coulter** **MARTHA L. COULTER** **918-874-3682**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)