

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N93000005234 (0)
1. Corporation Name

THE JEANNE SLOAN CLEAR SAILING DROP-IN CENTER OF
THE TREASURE COAST, INC.



Principal Place of Business
812 NORTH 7TH STREET
FT. PIERCE FL 34950
US

Mailing Address
714 AVENUE H
FT. PIERCE FL 34950
US

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/18/1993		3a. Date of Last Report 05/23/1995	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number NOT APPLICABLE		Applied For Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		5. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23. Zip 34950		28. Country		29. Zip 30. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent CIASCA, ART 404 IXORIA AVENUE FT. PIERCE FL 34950		10. Name and Address of New Registered Agent	
81. Name		82. Street Address (P.O. Box Number is Not Acceptable) 404 IXORIA AVENUE	
83. City		84. Zip Code 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		DATE	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)	
12. OFFICERS AND DIRECTORS			
TITLE	DP DECESARE, JOANNE 714 AVENUE H FORT PIERCE FL	<input checked="" type="checkbox"/> DELETE	
TITLE	DV ISABELLE, CYNTHIA 714 AVENUE H FORT PIERCE FL	<input type="checkbox"/> DELETE	
TITLE	SDT MARIENAU, TIMOTHY 714 AVENUE H FORT PIERCE FL	<input checked="" type="checkbox"/> DELETE	
TITLE		<input type="checkbox"/> DELETE	
TITLE		<input type="checkbox"/> DELETE	
TITLE		<input type="checkbox"/> DELETE	
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	P/D Bobby Hedges 7132 Hawks View Trail P.O. Box 1471 St. Louis, FL 34964	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	V/D Cynthia Isabelle 709 S. 5 ST. FT. PIERCE, Florida 34950	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	SDT Tina Withers P.O. Box 3372 FT. PIERCE, Florida 34948	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	M/D Brenda Golphin P.O. Box 1471 FT. PIERCE, Florida 34954	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE			
6.2 NAME			
6.3 STREET ADDRESS			
6.4 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: Brenda Golphin Brenda Golphin 2-13-96 407-468-5628
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)