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Mar 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000005234 (0)**

1. Corporation Name

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

Principal Place of Business

Mailing Address

**812 NORTH 7TH STREET
FT. PIERCE FL 34950
US**

**714 AVENUE H
FT. PIERCE FL 34950
US**



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

2a *4500 W. Midway Rd.*

22 City & State

27 *City & State
Ft. Pierce, Florida*

23 Zip Country

28 *Zip Country
34981 U.S.A.*

3. Date Incorporated or Qualified

11/18/1993

4. FEI Number

NOT APPLICABLE

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**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CIASCA, ART
404 DORIA AVENUE
FT. PIERCE FL 34950**

81 Name *CIASCA, ART*

82 Street Address (P.O. Box Number is Not Acceptable)
901 N. 7 ST.

83

84 City *Ft. Pierce* **FL** **85** Zip Code *34950*

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP** ☒ DELETE
NAME **HODGES, BETSEY**
STREET ADDRESS **7132 HAWKS VIEW TRAIL**
CITY-ST-ZIP **PORT ST. LUCE FL 34984**

1.1 TITLE **D/P** ☒ Change ☐ Addition
1.2 NAME **DOUG PANAI**
1.3 STREET ADDRESS **5093 DRAGONALAND**
1.4 CITY-ST-ZIP **FT. PIERCE, FL. 34982**

TITLE **DV** ☒ DELETE
NAME **ISABELLE, CYNTHIA**
STREET ADDRESS **709 S. 5TH ST.**
CITY-ST-ZIP **FORT PIERCE FL 34950**

2.1 TITLE **D/T** ☒ Change ☐ Addition
2.2 NAME **NICKI GENTILUONE**
2.3 STREET ADDRESS **1781 S.W. COCHRAN**
2.4 CITY-ST-ZIP **APT ST. LUCE, FL. 34953**

TITLE **SD** ☒ DELETE
NAME **WITHERS, TINA**
STREET ADDRESS **P.O. BOX 3372 N/A**
CITY-ST-ZIP **FORT PIERCE FL 34948**

3.1 TITLE **D/S** ☒ Change ☐ Addition
3.2 NAME **Ralph Robinson**
3.3 STREET ADDRESS **1319A Pepper Tree Trail**
3.4 CITY-ST-ZIP **FL. PIERCE, FL. 34950**

TITLE **MD** ☐ DELETE
NAME **GOLPHIN, BRENDA**
STREET ADDRESS **P.O. BOX 1471 N/A**
CITY-ST-ZIP **FORT PIERCE FL 34954**

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 an address.

SIGNATURE: *[Signature]*

3-17-98 561-468-5678

CR2E037 (10/97)