

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 14, 1999 8:00 am
Secretary of State

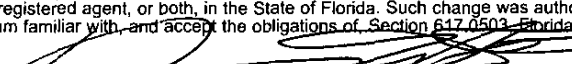
04-14-1999 90066 045 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N93000005234 ✓					
1. Corporation Name THE JEAN SLOAN CLEAR SAILING DROP IN CENTER OF THE TREASURE COAST, INC.					
Principal Place of Business 812 N. 7th ST. FT. PIERCE, FL 34950 US			Mailing Address c/o NEW HORIZONS ADMINISTRATION 4500 W. MIDWAY RD. FT. PIERCE, FL 34981 US		

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 11/18/1993 4. FEI Number 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 CIASCA, ART 901 N. 7th ST. FT. PIERCE, FL 34950 US				10. Name and Address of New Registered Agent 81 Name DOUGLAS TALBOTT 82 Street Address (P.O. Box Number is Not Acceptable) NEW HORIZONS OF THE TREASURE COAST, INC. 4500 W. MIDWAY RD. 83 84 City FT. PIERCE FL 85 Zip Code 34981			
--	--	--	--	---	--	--	--

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 **3/21/99**

(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 NAME STREET ADDRESS CITY-ST-ZIP	DP DOUGLAS TALBOTT 5093 DEANNA LANE FT. PIERCE, FL 34982 ☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	DP PROCIDA, ROSA 5093 DEANNA LANE FT. PIERCE, FL 34946 ☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GENTILQUORE, NICKI 1781 SW COCHRAN PT. ST. LUCIE, FL 34953 ☒ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	DVP PANAIA, DOUG 5093 DEANNA LANE FT. PIERCE, FL 34982 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ROBINSON, RALPH 1319-A PEPPERTREE TRAIL FT. PIERCE, FL 34950 ☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	DT HODGES, BETSEY 7132 HAWKS VIEW TRAIL PT. ST. LUCIE, FL 34986 ☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD GOLPHIN, BRENDA P.O. BOX 1471 FT. PIERCE, FL 34954 ☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	D DAVIS, ANNIE 2202 AVENUE E FT. PIERCE, FL 34950 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	D DAWSON, CEDRIC 1911 AVENUE N FT. PIERCE, FL 34950 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:  DATE **3-26-99** Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/98)