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NONPROFIT CORPORATION ANNUAL REPORT **1999**

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

FILED
Apr 14, 1999 8:00 am
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1. Corporation Name
THE JEAN SLOAN CLEAR SAILING DROP IN CENTER OF THE TREASURE COAST, INC.

Principal Place of Business	Mailing Address
812 N. 7th ST. FT. PIERCE, FL 34950 US	c/o NEW HORIZONS ADMINISTRATION 4500 W. MIDWAY RD. FT. PIERCE, FL 34981 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	11/18/1993
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☒ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	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.
83: 4500 W. MIDWAY RD.
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 _____ 3/26/99
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DP PANAIA, DOUG 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

CR2E037 (11/98)

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: _____ 3-26-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #