

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 # N94000000072 (8)

1. Corporation Name

FLORIDA DROP IN CENTER ASSOCIATION, INC.



Principal Place of Business

Mailing Address

700 - 4TH STREET NORTH
#408
ST. PETERSBURG FL 33701

700 - 4TH STREET NORTH
#408
ST. PETERSBURG FL 33701

3. Date Incorporated or Qualified
01/06/1994

3a. Date of Last Report
02/17/1995

2. Principal Place of Business

2a. Mailing Address

21 **118 6TH AVE NO**

26 **118 6TH AVE, NO.**

4. FEI Number

59-3217207

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **# 201**

27 **# 201**

City & State

City & State

23 **ST PETERSBURG FL**

28 **ST PETERSBURG FL**

Zip **33701**

Country

25 **PINELLAS**

Zip

29 **33701**

Country

30 **PINELLAS**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KERSKER, STEPHEN M
700 - 4TH STREET NORTH
#408
ST. PETERSBURG FL 33701

81 Name

KERSKER, STEPHEN M

82 Street Address (P.O. Box Number is Not Acceptable)

118 6TH AVE NO #201

83

201

84 City

ST PETERSBURG

FL

85 Zip Code

33701

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **D KERSKER, STEPHEN M**
STREET ADDRESS **700 - 4TH STREET NORTH, #408**
CITY - ST - ZIP **ST. PETERSBURG FL 33701**

TITLE ☐ DELETE

NAME **D SHAVER, DAVE**
STREET ADDRESS **2078 HYDE PARK ROAD**
CITY - ST - ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE

NAME **D NELSON, KULL**
STREET ADDRESS **1812 DORIS DRIVE**
CITY - ST - ZIP **ORLANDO FL**

TITLE ☒ DELETE

NAME **D SHOEMAKER, JOHN F**
STREET ADDRESS **P.O. BOX 512194 N/A**
CITY - ST - ZIP **PUNTA GORDA FL 33951**

TITLE ☐ DELETE

NAME **D SUELLYN, SIMON**
STREET ADDRESS **2525 ST LUCIE AVE**
CITY - ST - ZIP **VERO BEACH FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D KERSKER, STEPHEN M** ☒ Change ☐ Addition

1.2 NAME **118 6TH AVE NO, # 201**

1.3 STREET ADDRESS **ST PETERSBURG, FL 33701**

1.4 CITY - ST - ZIP ☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

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:

STEPHEN M. KERSKER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

813 823 8404

Daytime Phone #

CR2E037 (12/95)