

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000000072

**FILED**  
**Aug 15, 2004**  
**Secretary of State****Entity Name:** FLORIDA DROP IN CENTER ASSOCIATION, INC.**Current Principal Place of Business:**118 6TH AVENUE NORTH  
#201  
ST. PETERSBURG, FL 33701 US**New Principal Place of Business:****Current Mailing Address:**118 6TH AVENUE NORTH  
#201  
ST. PETERSBURG, FL 33701 US**New Mailing Address:****FEI Number:** 59-3217207      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**KERSKER, STEPHEN M  
118 6TH AVENUE NORTH  
#201  
ST. PETERSBURG, FL 33701 US**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date**OFFICERS AND DIRECTORS:****Title:** D      ( ) Delete  
**Name:** KERSKER, STEPHEN M  
**Address:** 118 6TH AVENUE NORTH, #201  
**City-St-Zip:** ST. PETERSBURG, FL**Title:** D      ( ) Delete  
**Name:** WILSON, CAROLYN  
**Address:** 1251 NW 36TH ST.  
**City-St-Zip:** MIAMI, FL 33142**Title:** D      ( ) Delete  
**Name:** NELSON, KULL  
**Address:** 1812 DORIS DRIVE  
**City-St-Zip:** ORLANDO, FL**Title:** D      ( ) Delete  
**Name:** SHAVER, DAVE  
**Address:** 3035 LAKESHORE BLVD  
**City-St-Zip:** JACKSONVILLE, FL 32210**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHEN M. KERSKER

D

08/15/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director\_\_\_\_\_  
Date