

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 # N94000001393 (7)

1. Corporation Name

FOUNDATION FOR INTENSIVE REHABILITATION OF SEXUAL TRAUMA, INC.

Principal Place of Business

Mailing Address

1760 MOUND ST., STE. 102A
SARASOTA FL 34236

1760 MOUND ST., STE. 102A
SARASOTA FL 34236

Pine Park Centre

2. Principal Place of Business Pine Park

2a. Mailing Address

21 Centre, 7021 So. Tamiami Trail,
Suite, Apt. #, etc. Trail,

26 7021 So. Tamiami Trail
Suite, Apt. #, etc.

22 Suite C

27 Suite C

23 City & State
Sarasota, FL

28 City & State
Sarasota, FL

24 Zip 34231 Country
25 Sarasota

29 Zip 34231 Country
30 Sarasota

3. Date Incorporated or Qualified
03/16/1994

3a. Date of Last Report
08/15/1995

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MUSSELWHITE-WEAVER, PATRICIA
1760 MOUND ST., STE. 102A
SARASOTA FL 34236

81 Name
Patricia Musselwhite-Weaver
82 Street Address (P.O. Box Number is Not Acceptable) Pine Park Centre
83 7021 South Tamiami Trail
Suite C
84 City
Sarasota FL 85 Zip Code
34231

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 D ☐ DELETE
NAME MUSSELWHITE-WEAVER, PATRICIA
STREET ADDRESS 1760 MOUND ST., STE. 102A
CITY-ST-ZIP SARASOTA FL 34236

1.1 TITLE Patricia Musselwhite-Weaver ☐ Change ☐ Addition
1.2 NAME Pine Park Centre
1.3 STREET ADDRESS 7021 So. Tamiami Trail, Ste. C
1.4 CITY-ST-ZIP Sarasota, FL 34231

TITLE D ☐ DELETE
NAME WEAVER, DONALD G
STREET ADDRESS 1385- 43RD STREET
CITY-ST-ZIP SARASOTA FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME WILSON, KIRSTEN
STREET ADDRESS 316 N LAKEVIEW DRIVE
CITY-ST-ZIP LAKE HELEN FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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: Patricia Musselwhite-Weaver

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patricia Musselwhite-Weaver

6/28/96 (941) 922-6404

Date

Daytime Phone #

CR2E037 (12/95)