

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001393

FILED  
May 22, 2006  
Secretary of State

**Entity Name:** FOUNDATION FOR INTENSIVE REHABILITATION OF SEXUAL TRAUMA, INC.

**Current Principal Place of Business:**

PINE PARK CENTRE, 7021 SO TAMIAMI  
C  
SARASOTA, FL 34231 US

**New Principal Place of Business:**

**Current Mailing Address:**

7021 SO TAMIAMI TRAIL  
C  
SARASOTA, FL 34231 US

**New Mailing Address:**

FEI Number: 65-0946032 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

MUSSELWHITE-WEAVER, PATRICIA  
7021 SOUTH TAMIAMI TRAIL, SUITE C  
SARASOTA, FL 34231 US

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: MUSSELWHITE-WEAVER, PATRICIA  
Address: 7021 SO TAMIAMI TRAIL, STE C  
City-St-Zip: SARASOTA, FL 34231

Title: D ( ) Delete  
Name: WEAVER, DONALD  
Address: 7021 SO. TAMIAMI TRAIL, STE. C  
City-St-Zip: SARASOTA, FL 34231

Title: D ( ) Delete  
Name: WILSON, KIRSTEN  
Address: 7021 SO. TAMIAMI TRAIL, STE. C  
City-St-Zip: SARASOTA, FL 34231

**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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: PATRICIA MUSSELWHITE-WEAVER

D

05/22/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date