

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 # N94000005715 (7)

1. Corporation Name

FLORIDA ASSOCIATION OF SUPPORT COORDINATORS, INC



Principal Place of Business

**2749 1ST AVE. NORTH
ST. PETERSBURG FL 33713**

Mailing Address

**F. A. S. C. INC.
P. O. BOX 17264
TAMPA FL 33682-7264
US**

3. Date Incorporated or Qualified
11/18/1994

3a. Date of Last Report
04/26/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0553183

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

**MCCARTHY, THOMAS E
111 N.W. 183RD STREET
SUITE 518
MIAMI FL 33169**

81 Name

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

83

84 City

FL

85 Zip Code

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

TITLE ☐ DELETE

NAME **VCD
OGLE, PEGGY**
STREET ADDRESS **2749 1ST AVE. NORTH**
CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE ☐ DELETE

NAME **D
MCCARTHY, THOMAS**
STREET ADDRESS **111 N.W. 183RD ST., SUITE 518**
CITY-ST-ZIP **NORTH MIAMI FL**

TITLE ☒ DELETE

NAME **SO
GOLD, BATIA**
STREET ADDRESS **1560-B MATHEWS DRIVE**
CITY-ST-ZIP **FT. MYERS FL**

TITLE ☐ DELETE

NAME **TD
FOLEY, ROBERT**
STREET ADDRESS **13543 N. FLORIDA AVE., SUITE 111**
CITY-ST-ZIP **TAMPA FL 33613**

TITLE ☐ DELETE

NAME **D
STEINBERG, JAY**
STREET ADDRESS **13105 IXORA COURT, #309**
CITY-ST-ZIP **NORTH MIAMI FL 33181**

TITLE ☒ DELETE

NAME **CD
HARRIS, JOHN**
STREET ADDRESS **2121 CORPORATE SQ. BLVD., #276**
CITY-ST-ZIP **JACKSONVILLE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME **SO**
1.3 STREET ADDRESS **P.J. McKay**
1.4 CITY-ST-ZIP **650 N. Beneva Road
Sarasota, FL 34232**

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME **CD**
2.3 STREET ADDRESS **Robert Larimer**
2.4 CITY-ST-ZIP **2260 N.W. 38th Avenue
Gainesville, FL 32605**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 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: *Robert J. Foley* Robert J. Foley-Treasurer

2.21.96

(813) 968-4778

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)