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Feb 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 11/18/1994	3a. Date of Last Report 03/01/1996
4. FEI Number 65-0553183	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 Zip Country	29 Zip Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	VCD	<input checked="" type="checkbox"/> DELETE
NAME	OGLE, PEGGY	
STREET ADDRESS	2749 1ST AVE. NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCCARTHY, THOMAS	
STREET ADDRESS	111 N.W. 183RD ST., SUITE 518	
CITY-ST-ZIP	NORTH MIAMI FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	MCKAY, P.J.	
STREET ADDRESS	650 N BENEVA ROAD	
CITY-ST-ZIP	SARASOTA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	FOLEY, ROBERT	
STREET ADDRESS	13543 N. FLORIDA AVE., SUITE 111	
CITY-ST-ZIP	TAMPA FL 33613	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	STEINBERG, JAY	
STREET ADDRESS	13105 IXORA COURT, #309	
CITY-ST-ZIP	NORTH MIAMI FL 33181	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	LARIMER, ROBERT	
STREET ADDRESS	2260 NW 38TH AVE	
CITY-ST-ZIP	GAINESVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DEMINGS, TERRY	
1.3 STREET ADDRESS	2024 BAYTON BLVD.	
1.4 CITY-ST-ZIP	ORLANDO, FLORIDA 32805	
2.1 TITLE	VCD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	PHILLIPS, JANICE	
2.3 STREET ADDRESS	3552 HOMESTEAD ROAD	
2.4 CITY-ST-ZIP	TALLAHASSEE, FLORIDA 32308	
3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ALEXANDER, DAVID	
3.3 STREET ADDRESS	817 DIXON BLVD., SUITE 9D	
3.4 CITY-ST-ZIP	COCOA, FLORIDA 32922	
4.1 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	FOLEY, ROBERT	
4.3 STREET ADDRESS	13543 N. FLORIDA AVE., SUITE 111	
4.4 CITY-ST-ZIP	TAMPA, FLA. 33613	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	LARIMER, ROBERT	
6.3 STREET ADDRESS	2260 NW 38TH AVENUE	
6.4 CITY-ST-ZIP	GAINESVILLE, FLA	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Terry Demings TERRY DEMINGS 1/27/97 (407) 297-4357
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0049263

CR2E037 (9/96)