## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

N94000005715 (7)

## FLORIDA ASSOCIATION OF SUPPORT COORDINATORS, INC

,											
Principal Plac	e of Business		Mailing Address				1	, 14511101 619 16111 61911 69111 68111	8 8111 B G 111 W 81		/80: E::: 100:
2749 1ST AVE. NORTH F. A. S. C. INC.											
ST. PETERSBURG FL 33713			P. O. BOX 17264 TAMPA FL 33682-7264				ł				
			US				3	Date Incorporated or Qualified 11/18/1994	3a. Da	te of Last R 03/01/199	eport 36
2. Principal Place of Business			2a. Mailing Address				4	. FEI Number		X Ar	oplied For
21			26					65-0553183			ot Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5	. Certificate of Status Desired	×	\$8.75 / Fee Re	Additional equired
City & State			City & State			6	. Election Campaign Financing		\$5.00	Мау Ве	
23	<u> </u>		28					Trust Fund Contribution	Ц	Added 1	to Fees
Zip	<b>├</b> ŋ	Country	<b>⊢</b>		Country		8	. This corporation has liability for			. 199.032,
24 25 29 29 9. Name and Address of Current Registered Agent								Florida Statutes Yes M(No  10, Name and Address of New Registered Agent			
<u></u>	g, None did	Addiese of Carlett	Togratalen Agent		81	Name	- 10	, Maille and Addiess of New N	ağısısısı v	- April	
HOOLDTIN THOUSA C					U III						
MCCARTHY, THOMAS E					82 Street Add			P.O. Box Number is Not Accepta	ple)		
111 N.W. 183RD STREET					B3						
SUITE 518						}					
MIAMI FI					84	City			FL		Code
1 office or r	'eaistered agent, c	of Sections 617,0502 or for both, in the State of ad accept the obligati	Florida, Such chanc	e was authorize	d by	/ the corr	corporation's	on submits this statement for the board of directors. I hereby acceptaged	purpose of pt the app	changing it pintment as	s registered registered
SIGNATURE				,							
BIGITATIONE .	Signature, typed or print	ed name of registered agent		(NOTE: Registere	d Age	ent signature	e required whe		DATE		
12.	I	OFFICERS AND		13.			T 222	ADDITIONS/CHANGES TO OFFI	CERS AND		
TITLE	VCD		DEL	ETE 1.1 TI	TLE		70			L Change	Addition
NAME	0.002,7.000.			1.2 NAME				INGO, TERRY			
STREET ADDRESS				1.3 STREET ADDR				4 BRUTON BLUD		. <del>c</del> .	
CITY-ST-ZIP	ST. PETERSE	BURG FL						ANDO, FLORZOA	328C		
TITLE	D		☐ DEL				VC			Change	Addition
NAME	MCCARTHY,					2.2 NAME P		LLIPS, JANZCO	<b>}</b>		
1	STREET ADDRESS 111 N.W. 183RD ST., SUITE 518			2.3 STREET				2 Homostgad, P			
CITY - ST - ZIP				2. 4 DELETE 3.1				LAHASSEE, FLORE	OA	32308	3
TITLE							5D	VALIDED DAILE -		Change	Addition
NAME	MCKAY, P.J. 650 N BENEVA ROAD				3.2 NAME 3.3 STREET ADDRESS			DEXON BLUD.,	C. 77	e an	
STREET ADDRESS	ľ	and the second s				1	-			0	
CITY-ST-ZIP	SARASOTA F	<u>L</u>	DEL.			ST-ZIP			2922	<del></del>	1220
TITLE	TD FOLEY DOD	FOT	I'''] NET				200	) 50 0085.0 <del>11</del>		Change	Addition
NAME	FOLEY, ROBI		444	4. 2 N			100	ey, robert 43 N. Florida Av	SE., 5	4276	m
STREET ADDRESS	13543 N. FLORIDA AVE., SUITE 111 TAMPA FL 33613			•	4.3 STREET ADDRESS 4.4 City-St-Zip		1	PM, FLA. 3361			-
CHY-ST-ZIP TITLE		013	DEL	4.4 CF ETE 5.1 TI		1-219	LFAM	PR / FEM   2301		Change	☐ Addition
	D	IAV	<b>y</b> occ							TT ORBITA	
NAME COURT ADDRESS	STEINBERG,		•	5.2 N/		4000					
STREET ADDRESS		COURT, #309				ADDRESS					
CITY-ST-ZIP TITLE	NORTH MIAN	11 FL 33101	DEL			T-21P	D		<del></del>	Change	Addition
NAME	LARIMER, RO	REDT	V.C	6.2 N				RIMER, ROBERT		Anguille.	L AUGINON
STREET ADDRESS	2260 NW 381			R .		ADDDEAA	P. C.	60 NW 38TH AVE	مالاق		
						ADDRESS		INESUTULE, FU			
CITY-ST-ZIP	GAINESVILLE	FL		■ 6.4 CI	IY-S	T-ZIP	ر کا ب	TWOD ATTREE & FM	`		

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:

**FILED** 

Feb 27 1997 8:00am

Secretary of State