

APPROVED AND FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

**NONPROFIT CORPORATION ANNUAL REPORT 1999**

**FLORIDA DEPARTMENT OF STATE**  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N94000005715**

1. Corporation Name  
**FLORIDA ASSOCIATION OF SUPPORT COORDINATORS, INC**

Principal Place of Business: 111 N.W. 183RD STREET, STE 518, MIAMI FL 33169, US

Mailing Address: F. A. S. C. INC., P. O. BOX 17264, TAMPA FL 33682-7264, US

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country

2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country

3. Date incorporated or Qualified: 11/18/1994

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

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: Janice Phillips, 3552 Homestead Rd, Tallahassee, FL 32308

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 617.0603, Florida Statutes.

SIGNATURE: Janice G. Phillips, Chair, Janice Phillips  
DATE: 8/13/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: TD NAME: DEMINGS, TERRY STREET ADDRESS: 2024 BRUTON BLVD CITY-ST-ZIP: ORLANDO FL	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: MCCARTHY, THOMAS STREET ADDRESS: 111 N.W. 183RD ST., SUITE 518 CITY-ST-ZIP: NORTH MIAMI FL	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: ALEXANDER, DAVID STREET ADDRESS: 817 DIXON BLVD STE 9D CITY-ST-ZIP: COCOA FL	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: FOLEY, ROBERT STREET ADDRESS: 13543 N. FLORIDA AVE., SUITE 111 CITY-ST-ZIP: TAMPA FL	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: CD NAME: PHILLIPS, JANICE STREET ADDRESS: 3552 HOMESTEAD RD CITY-ST-ZIP: TALLAHASSEE FL 32308	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(X), 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, with all other (its) employees.

SIGNATURE: Janice Phillips 8/13/99 850 8774393

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