

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 # N95000001800 (0)

1. Corporation Name

SURVIVORS OF STALKING, INC.



Principal Place of Business

PO BOX 13365
TAMPA FL 33681-3365

Mailing Address

PO BOX 13365
TAMPA FL 33681-3365

3. Date Incorporated or Qualified

04/17/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 PO Box 20762

26 PO Box 20762

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Tampa, Florida

28 Tampa, Florida

24 Zip Country

29 Zip Country

33622-0762 25 USA

33622-0762 30 USA

4. FEI Number

59-3308494

Applied For

Not Applicable

5. Certificate of Status Desired

XX

\$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

ELLIS, BRIAN C
501 E KENNEDY BLVD
17TH FLOOR
TAMPA FL 33602

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

11 TITLE

P/T/D

☐ Change ☒ Addition

12 NAME

Renee Goodale

13 STREET ADDRESS

PO Box 20762, Tampa, FL 33622-0762

14 CITY-ST-ZIP

N/A

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

21 TITLE

VP/D

☐ Change ☒ Addition

22 NAME

Lisa Tuten

23 STREET ADDRESS

PO Box 20762, Tampa, FL 33622-0762

24 CITY-ST-ZIP

N/A

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

31 TITLE

S/D

☐ Change ☒ Addition

32 NAME

Mike MacDonald

33 STREET ADDRESS

PO Box 20762, Tampa, FL 33622-0762

34 CITY-ST-ZIP

N/A

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

41 TITLE

☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

51 TITLE

☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

61 TITLE

☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

300001897103

-07/17/96--01090--014

***70.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Renee Goodale, April 28, 1996 813-889-0767

Date

Daytime Phone #

CR2E037 (12/95)