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NONPROFIT **CORPORATION ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1. Corporation Name 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1										
CHILDREN'S THERAPY CENTER, INC.										
ORILONEN STRENATT CENTEN, INC.							Į	l (Bâitha âtă (Brit 1881) Aâite Aâite Aâter Aber	A BRISE DIENE BLANCE	A)) B(B) (484)
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Principal Plac	ce of Busines	.8	1	Mailing Address			\dashv	I PAUTITEIT DEN PAPEL POUL DOCUT OCH PEREFEL DOCT	! 80180 0 0	
BOI SIXTH STREET SOUTH							ļ			
ST PETERSBURG FL 33701				BOI SIXTH STREET SOUTH ST PETERSBURG FL 33701				3. Date Incorporated or Qualified		
			•	7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	,,			06/11/1997		
							l	4. FEI Number 59 - 3451447	 	oplied For
2. Principal Place of Business				Mailing Address			\dashv	<u> </u>		ot Applicable
21			-	26				5. Certificate of Status Desired		Additional
Suite, Apt. #, etc.			- 120	Suite, Apt. #, etc.				6. Election Campaign Financing	\$5.00	equired
22			27	27			- 1	Trust Fund Contribution	Added to	
City & State				City & State				7. Is this nonprofit corporation a homeowr		
23				28					□ No	
Zip		Country		Zip	Country	,		8. This corporation owes or has paid the	current year Inf	tangible
24 25				29 30				Personal Property Tax due June 30. Yes No		
	9. Name	and Address of Cu	rrent Reg	latered Agent	81	T 100000		Name and Address of New Registers	d Agent	· · · · · · · · · · · · · · · · · · ·
	TALL BET!				[61]	Name	R.	Donald Mastry, Esquire	2	
HOUGHTON, BETH A					82	Street A	ddres	s (P.O. Box Number is Not Acceptable)	-	
801 SIXTH STREET SOUTH ST PETERSBURG FL 33701					83		по	iland & Knight		
of retendound re 33/01							On	e Progress Plaza, Suite	: 1600	
					84	City	St	. Petersburg F		Code 3701
11. Pursuant	to the provis	ions of Sections 617	0502 and	617.1508, Florida Statu	tes, the above	e-named c	orpor			s registered
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's bose agent. Jamilania with, and accept the obligations of, Section 617.0503, Florida Statutes.								is board of directors. I hereby accept the a	ppointment as	registered
SIGNATURE		onald &	2	they				4- 4	13-9	8
Signature, typed or printed name of registered agent and 12. OFFICERS AND DIF					TE: Registered Age	int signature re	quired			
TITLE	Т Т	OFFICERS	AND DIRE	DELETE	13.	Т	CP	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR Tyl Change	S IN 12
NAME	SETON,	a n			1.1 MILE 1.2 NAME			-	TÃ cuanhe	L. Audilion
STREET ADDRESS		TH STREET SOUT	н		1.3 STREET	ADDRESS	Se:	xton, J.D.		
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		TON, BETH A		∑ D€LETE	2.1 TITLE 2.2 NAME	T-ZIP	V Ma	rianne R. Parsons	'hange	Addition
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I 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 advises.

FILED

May 13 1998 8:00am

Secretary of State