

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 03, 1999 8:00 am**  
**Secretary of State**

03-03-1999 90118 043 \*\*\*\*70.00

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**DOCUMENT # N98000001032**

1. Corporation Name

**ROC FAMILY SUPPORT SERVICES, INC.**

Principal Place of Business

6013 N 40TH ST  
TAMPA FL 33610

Mailing Address

PO BOX 11325  
TAMPA FL 33680-1325

1 5 6 7 8 9  
156756 90118 043



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

02/23/1998

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-3498780

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution



\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAVIS, CHARLES  
6013 N 40TH ST  
TAMPA FL 33610

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 CEO  
NAME DAVIS, CHARLES  
STREET ADDRESS 8012 JAD DR  
CITY-ST-ZIP TAMPA FL 33619

☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE PD  
NAME BREWINGTON, MARC  
STREET ADDRESS 11710 B RAINTREE LAKE LANE  
CITY-ST-ZIP TAMPA FL 33617

☐ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE VD  
NAME JOHNSON, RUDOLPH  
STREET ADDRESS 3511 RIVERGROVE DR  
CITY-ST-ZIP TAMPA FL 33610

☒ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE VD  
NAME REDDISH, TYRONE  
STREET ADDRESS 8103 JAD DR  
CITY-ST-ZIP TAMPA FL 33619

☐ DELETE

4.1 TITLE *1st VD*  
4.2 NAME *REDDISH, TYRONE*  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☒ Change

☐ Addition

TITLE TD  
NAME WILLIAMS, GREGORY  
STREET ADDRESS 3117 BENT CREEK DR  
CITY-ST-ZIP VALRICO FL 33594

☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE SD  
NAME GREEN, DARLENE  
STREET ADDRESS 5709 CHARLES DR  
CITY-ST-ZIP TAMPA FL 33619

☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. 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 address, with all other like empowered.

SIGNATURE:

**Signature Required**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/99 813-628-4432  
Date Daytime Phone #

CR2E037 (1/98)