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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000003642

1. Corporation Name
NORTH CENTRAL FLORIDA SEXUAL ASSAULT CENTER, INC

Principal Place of Business 7591 180TH ST. MCALPIN FL 32062	Mailing Address 7591 180TH ST. MCALPIN FL 32062
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2. Principal Place of Business 21 806 W. Duval St.	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/19/1998
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3521746
City & State 23 Lake City, FL	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24 32055	Country 25 USA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Country 29	Country 30	

9. Name and Address of Current Registered Agent

BOWEN, BECKY
7591 180TH ST.
MCALPIN FL 32062

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DELBENE, JUDY	
STREET ADDRESS	7591 180TH ST.	
CITY-ST-ZIP	MCALPIN FL 32062	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	RHODES, BUNNY	
STREET ADDRESS	7591 180TH ST.	
CITY-ST-ZIP	MCALPIN FL 32062	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	LEMLEY, BARBARA	
STREET ADDRESS	7591 180TH ST.	
CITY-ST-ZIP	MCALPIN FL 32062	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ALVARADO, HANNAH	
STREET ADDRESS	7591 180TH ST.	
CITY-ST-ZIP	MCALPIN FL 32062	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	Rt 4 Box 330.
1.4 CITY-ST-ZIP	Lake City, FL 32024
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SD
2.3 STREET ADDRESS	9043 137th Rd.
2.4 CITY-ST-ZIP	Live Oak, FL 32060
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	1255 S. First Street
4.4 CITY-ST-ZIP	Lake City, FL 32025.
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: *Judy Delbene* **4-2859 (904) 755-5891**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0076288

CR2E037 (1/198)