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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northum  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **720934** (9)  
1. Corporation Name  
**FLORIDA COUNSELING ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**1972 LANIER CT. WINTER PARK FL 32792** **P.O. BOX 300457 FERN PARK FL 32730**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 25 Country 29 Zip 30 Country

3. Date Incorporated or Qualified **05/13/1971** 3a. Date of Last Report **04/22/1994**  
4. FEI Number **23-7294210** 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  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**SISKIND, JEFF**  
**4972 LANIER CT.**  
**WINTER PARK FL 32792**

10. Name and Address of New Registered Agent  
B1 Name **Jeff Siskind**  
B2 Street Address (P.O. Box Number is Not Acceptable) **389 1/2 Clermont Rd.**  
B3  
B4 City **Lake Mary** FL B5 Zip Code **32746**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HALLBERG, PHYLLIS
STREET ADDRESS	13936 SW 102ND CT.
CITY-ST-ZIP	MIAMI FL 33176
TITLE	PE
NAME	MCGILBERRY, JUDY
STREET ADDRESS	1136 SHADY LANE
CITY-ST-ZIP	GULF BREEZE FL 32561
TITLE	PP
NAME	ELBEL, CATHY
STREET ADDRESS	13101 MEMORIAL HWY.
CITY-ST-ZIP	N. MIAMI FL 33161
TITLE	T
NAME	MCCONNELL, PATTY
STREET ADDRESS	14417 MANDARIN RD.
CITY-ST-ZIP	JACKSONVILLE FL 32223
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Delete	
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	T and PE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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: *Jeff Siskind* **Jeff Siskind, Executive Director** / 2/2/95  
 Telephone Number: 407-628-0793 / 407-322-1735