

FILE NOW: FILING FEE IS \$61.25

Pg. 1 of 2

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 720934 (9)

1. Corporation Name
FLORIDA COUNSELING ASSOCIATION, INC.



Principal Place of Business 1972 LANIER CT. WINTER PARK FL 32732	Mailing Address P.O. BOX 300457 FERN PARK FL 32730
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2. Principal Place of Business 21 1260 Palmetto Ave.	2a. Mailing Address 26	3. Date Incorporated or Qualified 05/13/1971	3a. Date of Last Report 03/02/1995
22 Suite, Apt. #, etc. Suite G	27 Suite, Apt. #, etc.	4. FEI Number 23-7294210	Applied For Not Applicable
23 City & State Winter Park, FL	28 City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24 Zip 32789	25 Country USA	29 Zip	30 Country
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SISKIND, JEFF 389 1/2 CLERMONT ROAD LAKE MARY FL 32746				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	85	Zip Code
				FL			

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PPD HALLBERG, PHYLLIS 13936 SW 102ND CT. MIAMI FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PD MCGILBERRY, JUDY 1136 SHADY LANE GULF BREEZE FL	<input type="checkbox"/> DELETE	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	TPE MCCONNELL, PATTY 14417 MANDARIN RD. JACKSONVILLE FL	<input type="checkbox"/> DELETE	2.2 NAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		<input type="checkbox"/> DELETE	2.3 STREET ADDRESS
		<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP
		<input type="checkbox"/> DELETE	3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> DELETE	3.2 NAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> DELETE	3.3 STREET ADDRESS
		<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP
		<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		<input type="checkbox"/> DELETE	4.2 NAME
		<input type="checkbox"/> DELETE	4.3 STREET ADDRESS
		<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP
		<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> DELETE	5.2 NAME
		<input type="checkbox"/> DELETE	5.3 STREET ADDRESS
		<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP
		<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> DELETE	6.2 NAME
		<input type="checkbox"/> DELETE	6.3 STREET ADDRESS
		<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP

Handwritten entries in Block 13:

- 2.1 TITLE: Past President (D) MCGILBERRY, JUDY
- 2.3 STREET ADDRESS: 4764 Kitty Hawk Circle
- 2.4 CITY-ST-ZIP: Gulf Breeze, FL 32561
- 3.1 TITLE: President (D) MCCONNELL, PATTY
- 3.3 STREET ADDRESS: 910 Lake Brooker Ct.
- 3.4 CITY-ST-ZIP: Lutz, FL 33549-5000
- 4.1 TITLE: President Elect (D)
- 4.2 NAME: Bobbi Nute
- 4.3 STREET ADDRESS: 3236 Springdale Dr.
- 4.4 CITY-ST-ZIP: Tallahassee, FL 32312

Handwritten notes: DEP. \$ 61.25, 3-29

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]* Dr. Jeff Siskind, Exec. Director, 1/26/96, 401-322-1735

CR2E037 (12/95)

14. I am the executive director.

Address (as in block 9):

389 1/2 Clermont Road

Lake Mary, Florida 32746

Jeff Siskind

DR. JEFF SISKIND