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Mar 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 720934 (9)
1. Corporation Name
FLORIDA COUNSELING ASSOCIATION, INC.



Principal Place of Business 1260 PALMETTO AVE SUITE G WINTER PARK FL 32789	Mailing Address P.O. BOX 300457 FERN PARK FL 32730-0457
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3. Date Incorporated or Qualified 05/13/1971	3a. Date of Last Report 03/29/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc 22 City & State 23 Zip Country 24	2a. Mailing Address 25 Suite, Apt. #, etc 26 City & State 27 Zip Country 28
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4. FEI Number 23-7294210	Applied For <input type="checkbox"/> Not Applicable
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**SISKIND, JEFF
389 1/2 CLERMONT ROAD
LAKE MARY FL 32746**

10. Name and Address of New Registered Agent
61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City **FL** 65 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MCCONNELL, PATTY	
STREET ADDRESS	910 LAKE BROOKER CT	
CITY - ST - ZIP	GULF BREEZE FL 33549-5000	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MCGILBERRY, JUDY	
STREET ADDRESS	1138 SHADY LANE	
CITY - ST - ZIP	GULF BREEZE FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	NUTE, BOBBI	
STREET ADDRESS	3236 SPRINGDALE DR	
CITY - ST - ZIP	TALLAHASSEE FL 32312	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SISKIND, JEFF	
STREET ADDRESS	389 1/2 CLERMONT RD	
CITY - ST - ZIP	LAKE MARY FL 32746	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	PD <input checked="" 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	
4.4 CITY - ST - ZIP	
5.1 TITLE	President / Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Sue Hofstrand
5.3 STREET ADDRESS	1324 Holly Dr.
5.4 CITY - ST - ZIP	Deland, FL 32720
6.1 TITLE	Secretary / Treasurer / Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Curtis Jenkins
6.3 STREET ADDRESS	18443 SW 87th PL
6.4 CITY - ST - ZIP	Miami, FL 33157

14. I do 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.

SIGNATURE: *[Signature]* **REQUIRED** 3/5/97 407-623-0793
DATE: Daytime Phone # 0013774

CR2E037 (9/96)