

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Mar 10 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 720934 (9)**  
1. Corporation Name  
**FLORIDA COUNSELING ASSOCIATION, INC.**



Principal Place of Business <b>1260 PALMETTO AVE SUITE G WINTER PARK FL 32789</b>	Mailing Address <b>P.O. BOX 300457 FERN PARK FL 32730</b>
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3. Date Incorporated or Qualified  
**05/13/1971**

4. FEI Number  
**23-7294210**

Applied For	Not Applicable
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2. Principal Place of Business 21	2a. Mailing Address 28
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 26
Zip 24	Country 25
Zip 29	Country 30

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. Is this nonprofit corporation a homeowners association?  Yes  No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.  Yes  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

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

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	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCCONNELL, PATTY	1.2 NAME	<b>Beverly McKinney</b>
STREET ADDRESS	910 LAKE BROOKER CT	1.3 STREET ADDRESS	<b>6577 Summerfield Loop</b>
CITY-ST-ZIP	GULF BREEZE FL 33549-5000	1.4 CITY-ST-ZIP	<b>New Port Richey, FL 34655</b>
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NUTE, BOBBI	2.2 NAME	
STREET ADDRESS	3236 SPRINGDALE DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SISKIND, JEFF	3.2 NAME	
STREET ADDRESS	389 1/2 CLERMONT RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE MARY FL 32746	3.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOFSTRAND, SUE	4.2 NAME	
STREET ADDRESS	1324 HOLLY DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	DELAND FL	4.4 CITY-ST-ZIP	
TITLE	STD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JENKINS, CURTIS	5.2 NAME	<b>Stacey Brazier</b>
STREET ADDRESS	18443 SW 87TH PL	5.3 STREET ADDRESS	<b>P.O. Box 5526 15514 Peter Max Blvd</b>
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	<b>Hudson, FL 32674-552634669</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: \_\_\_\_\_ 1/23/98 401-628-0793

CR2E037 (10/97)