


FILE NOW: FILING FEE IS \$61.25

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Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90077 029 ****61.25

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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 # 720934

1. Corporation Name
FLORIDA COUNSELING ASSOCIATION, INC.

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|---|--|
| Principal Place of Business 1260 PALMETTO AVE SUITE G WINTER PARK FL 32789 | Mailing Address P.O. BOX 300457 FERN PARK FL 32730 |
|---|--|



| | | |
|---|------------------------|---|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified 05/13/1971 |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. | 4. FEI Number 23-7294210 |
| 22 City & State | 27 City & State | Applied For <input type="checkbox"/> Not Applicable \$8.75 Additional Fee Required |
| 23 Zip | 28 Country | 5. Certificate of Status Desired <input type="checkbox"/> |
| 24 Country | 29 Zip | 30 Country |
| 25 | 29 | 30 |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees |

| | | | |
|---|--|---|-----------|
| 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 | FL |
| | | 85 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------------------|---|--|
| TITLE | PD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MCKINNEY, BEVERLY | 1.2 NAME | |
| STREET ADDRESS | 6577 SUMMERFIELD LOOP | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | NEW PORT RICHEY FL 34655 | 1.4 CITY-ST-ZIP | |
| TITLE | PD <input type="checkbox"/> DELETE | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | NUTE, BOBBI | 2.2 NAME | Shepard-Tew, Diane |
| STREET ADDRESS | 3236 SPRINGDALE DR | 2.3 STREET ADDRESS | 1016 Albamonte Court |
| CITY-ST-ZIP | TALLAHASSEE FL | 2.4 CITY-ST-ZIP | Oriedo, FL 32765 |
| 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 | 3891/2 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 type="checkbox"/> DELETE | 5.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BRAZIER, STACEY | 5.2 NAME | Thompson, Judeah |
| STREET ADDRESS | 15514 PETER MAX BLVD | 5.3 STREET ADDRESS | 11465 Sea Fury Way |
| CITY-ST-ZIP | HUDSON FL 34669 | 5.4 CITY-ST-ZIP | Jacksonville, FL 32223 |
| 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, with all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED
 _____ EXECUTIVE DIRECTOR 1/15/99 401-628-079
Signature and typed or printed name of signing officer or director Date Daytime Phone #