

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2002 8:00 am
Secretary of State

03-03-2002 90071 042 ****61.25

DOCUMENT # 720934

1. Entity Name

FLORIDA COUNSELING ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1260 PALMETTO AVE
 STE **E**
 WINTER PARK FL 32789

P.O. BOX 300457
 FERN PARK FL 32730

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc. "**E**"
SUITE E

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-7294210

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SISKIND, JEFF
389 1/2 CLERMONT ROAD
LAKE MARY FL 32746

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	ELBEL, KATHY	
STREET ADDRESS	453 N BUS IH 320	
CITY-ST-ZIP	NEW BRAUNFELS TX 78130-7884	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MCKINNEY, BEVERLY	
STREET ADDRESS	6577 SUMMERFIELD LOOP	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SISKIND, JEFF	
STREET ADDRESS	3891/2 CLERMONT RD	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MCEACHERN, ADRIANNA	
STREET ADDRESS	1431 NE 132ND ROAD	
CITY-ST-ZIP	MIAMI FL 33161	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	MD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAROLYN STONE	
STREET ADDRESS	4567 ST JOHNS BLUFF ROAD SOUTH	
CITY-ST-ZIP	JACKSONVILLE, FLA 32224-2676	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
JEFF SISKIND, EXEC DIRECTOR 1/25/02 407)628-0793
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (9/01)