

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 720934

FILED
May 19, 2007
Secretary of State

Entity Name: FLORIDA COUNSELING ASSOCIATION, INC.

Current Principal Place of Business:

1260 PALMETTO AVE
STE E
WINTER PARK, FL 32789

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 300457
FERN PARK, FL 32730

New Mailing Address:

FEI Number: 23-7294210 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SISKIND, JEFF
391 CLERMONT ROAD
LAKE MARY, FL 32746 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GREER, DEBRA
Address: 4400 S.E. 62ND STREET
City-St-Zip: Ocala, FL 34480

Title: MD () Delete
Name: SISKIND, JEFF
Address: 391 CLERMONT RD
City-St-Zip: LAKE MARY, FL 32746

Title: PD () Delete
Name: ARBUCKLE, SUSAN
Address: 1060 SHERRINGTON ROAD
City-St-Zip: ORLANDO, FL 32804

Title: PD () Delete
Name: GANNON, KATHLEEN
Address: 2241 KING JAMES COURT
City-St-Zip: WINTER PARK, FL 32792

Title: PD () Delete
Name: RUPRECHT, JANE
Address: 576 NEAPOLITAN LANE
City-St-Zip: NAPLES, FL 34103

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: THOMPSON, LIZ
Address: 85 HICKORY LOOP
City-St-Zip: Ocala, FL 34472

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBRA MIKOLOWSKI

MGR

05/19/2007

Electronic Signature of Signing Officer or Director

_____ Date