2000 UNIFORM BUSINESS REPORT (UBR) Mar 31, 2000 8:00 am 725515 **DOCUMENT # Secretary of State** florida Association for marriage 03-31-2000 90049 015 ****61.25 Family Therapy Principal Place of Business Mailing Address 3370 Cooted Circle NE B0049736 Tallahasses, FL 32308 ソのチ DO NOT WRITE IN THIS SPACE Applied For 59-2498898 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired J'S'A Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8223E 80ESE JF, eesco 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 typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10 11. Treasurer Treasurer TITLE Delete TITLE melissa s. morse Gene Ritter NAME NAME (2-2) texts W (1-2) 310 21st Ave N. STREET ADDRESS STREET ADDRESS st. Petersburg, FL. 33704 (as of 3/25/ov) Coairesall-if & 32401 CITY-ST-ZIP CITY-ST-7IP Expentive director Association Manager Change **X** Delete TITLE TITLE Robert Glenn Steve class tere class 3370 Copital Cir, NE Suited NAME NAME 6793 Crosswinds on renorth (6-102) STREET ADDRESS STREET ADDRESS Tallahassee, FL 32308 St. Petersburg, Fc. 33716 CITY-ST-ZIP CITY-ST-ZIP . Change M Addition . Delete. TITLE NAME NAME any Bodow STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition □ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 increase an another 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:

80-906-0258