

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **J58587** (3)

1. Corporation Name

FIRST STEP COUNSELING CENTER, INC.



Principal Place of Business

**1583 S. BELCHER
CLEARWATER FL 34624**

Mailing Address

**1583 S. BELCHER
CLEARWATER FL 34624**

2. Principal Place of Business

21 **209 South St**

2a. Mailing Address

26 **Box 335**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 **Palm Harbor, FL**

City & State

28 **ORONA, FL**

Zip

24 **34685**

Country

25 **Pinellas**

Zip

29 **34660**

Country

30 **Pinellas**

9. Name and Address of Current Registered Agent

**RAYBURN, LAURA J.
1968 BAYSHORE BLVD
DUNEDIN FL 33528**

3. Date Incorporated or Qualified

02/20/1987

3a. Date of Last Report

03/27/1995

4. FEI Number

59-2750501

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

10. Name and Address of New Registered Agent

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 607.0102 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature (Type or printed name of registered agent and the date)

(NOTE: Registered Agents of the registered agent state)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
PTD	D'AURIA, JOYCE MILNE	1583 S. BELCHER #D	CLEARWATER FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP	21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY - ST - ZIP	31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY - ST - ZIP	41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY - ST - ZIP	51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY - ST - ZIP	61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY - ST - ZIP
PTD	D'Auria, Joyce Milne	Box 335	ORONA FL 34660																				

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Joyce Milne D'Auria*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/96

(813) 781-4904

CR2E034 (12/95)