

# AMENDED

FILED

03 OCT 13 PH 3:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

<b>DOCUMENT # N0100004387</b> 1. Entity Name <b>EDWARD JAMES REID COUNSELING SERVICES, INC.</b>			
Principal Place of Business <del>2730 CENTRAL AVE</del> <b>2730 CENTRAL AVE</b> <b>ST. PETERSBURG, FL 33712</b>		Mailing Address <del>2730 CENTRAL AVE</del> <b>SAME</b>	
2. Principal Place of Business <b>2730 CENTRAL AVE</b> Suite, Apt. #, etc. <b>ST. PETERSBURG</b> City & State <b>FL</b>		3. Mailing Address <b>SAME</b> Suite, Apt. #, etc.  City & State  	
Zip <b>33712</b>	Country <b>USA</b>	4. FEI Number <b>59-3733037</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Name and Address of Current Registered Agent <b>REID, JEANETTE B</b> <b>3026 60TH ST. SOUTH</b> <b>GULFPORT, FL 33707</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b>		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <small>Signature (typed or printed name of registered agent and date of signature) (NOTE: Registered Agent signature optional when a director)</small>			
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE <b>VPD</b>	NAME <b>WHIPPLE, WILLIAM R</b>	<input checked="" type="checkbox"/> Delete	
STREET ADDRESS <b>3100-10TH ST., NORTH</b>	CITY-ST-ZIP <b>ST. PETERSBURG, FL 33704</b>		
TITLE <b>SECRETARY D</b>	NAME <b>HODGES, MELINDA</b>	<input type="checkbox"/> Delete	
STREET ADDRESS <b>6219-13TH AVE., SOUTH</b>	CITY-ST-ZIP <b>GULFPORT, FL 33707</b>		
TITLE <b>ED</b>	NAME <b>REID, JEANETTE B</b>	<input type="checkbox"/> Delete	
STREET ADDRESS <b>3026-60TH ST., SOUTH</b>	CITY-ST-ZIP <b>GULFPORT, FL 33707</b>		
TITLE <b>PD</b>	NAME <b>GERARD, PATRICIA S</b>	<input type="checkbox"/> Delete	
STREET ADDRESS <b>2308 SETON LANE</b>	CITY-ST-ZIP <b>LARGO, FL 33774</b>		
TITLE  	NAME  	<input type="checkbox"/> Delete	
STREET ADDRESS  	CITY-ST-ZIP  		
TITLE  	NAME  	<input type="checkbox"/> Delete	
STREET ADDRESS  	CITY-ST-ZIP  		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE  	NAME <b>MARGARET B. REID</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS <b>4748 AZALEA DR TD</b>	CITY-ST-ZIP <b>NEW PORT RICHEY FL 34652</b>		
TITLE  	NAME <b>JULE ANN YOUNG</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS <b>3006 14TH AVE SE D</b>	CITY-ST-ZIP <b>RUSKIN FL 33570</b>		
TITLE  	NAME <b>JOHN RICHARDSON</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS <b>5036 Central Ave</b>	CITY-ST-ZIP <b>ST. PETERSBURG, FL 33707</b>		
TITLE  	NAME <b>BONNIE ANSEEUW</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS <b>6219-13TH AVE S V.P.D</b>	CITY-ST-ZIP <b>GULFPORT FL 33707</b>		
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 517, 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 <b>Jeanette B Reid</b>		JEANETTE B. REID 10/10/03	

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CHECK HERE IF MAKING CHANGES

CREATED 10/03

727-418-0413  
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