

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000007469

FILED
Jan 29, 2008
Secretary of State

Entity Name: PROFESSIONAL COUNSELING CENTERS OF GREATER JACKSONVILLE AND ORANGE PARK, INCORPORATED

Current Principal Place of Business:

1542 KINGSLEY AVE,
#137
ORANGE PARK, FL 32073

New Principal Place of Business:

Current Mailing Address:

877 FLEMING ST.
GREEN COVE SPRINGS, FL 32043

New Mailing Address:

FEI Number: 77-0694194 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

TOLSON, JOHN F JR
462 KINGSLEY AVE
ORANGE PARK, FL 32073 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: P () Delete
Name: KURTZ, CRAIG P LMHC
Address: 877 FLEMING ST.
City-St-Zip: GREEN COVE SPRINGS, FL 32043 US

Title: VP () Delete
Name: ARCE, SHIRLEY W
Address: 707 SE 8TH ST, #404 D
City-St-Zip: DEERFIELD BEACH, FL 33441 US

Title: VP () Delete
Name: HEDSTOM, DONALD M JR
Address: 259 N. ROSCOE BLVD.
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: VP () Delete
Name: GRIMES, RHONDA L
Address: 573 ROCKINGHAM RD
City-St-Zip: ORANGE PARK, FL 32073 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: ARCE, SHIRLEY W
Address: 804 SE 7TH ST, #404 D
City-St-Zip: DEERFIELD BEACH, FL 33441 US

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

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

Title: VP () Change (X) Addition
Name: HALLOWES, BORDEN R
Address: 637 TREEHOUSE COURT
City-St-Zip: ST AUGUSTINE, FL 32095

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: CRAIG P KURTZ, LMHC

PRES

01/29/2008

Electronic Signature of Signing Officer or Director

Date