


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 19, 1999 8:00 am**  
**Secretary of State**

02-19-1999 90062 030 \*\*\*\*70.00

0080785

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
---	---	--

**DOCUMENT # N48735**

1. Corporation Name  
**BERGEN COUNTY DIRECTORS OF GUIDANCE, INC.**

Principal Place of Business NORTH ARLINGTON HIGH SCHOOL 222 RIDGE ROAD NORTH ARLINGTON NJ 07032 US	Mailing Address NORTH ARLINGTON HIGH SCHOOL 222 RIDGE ROAD NORTH ARLINGTON NJ 07023
--	--

76206 - 90062 - 30



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>05/06/1992</b>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>NOT APPLICABLE</b>
22. City & State	27. City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
24. Country	29. Country	30. Country

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>CAPITAL CONNECTION, INC.</b> 417 E VIRGINIA ST SUITE 1 TALLAHASSEE FL 32301		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83. City	
		84. City	FL 85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AMROD, PAUL J</b>	1.2 NAME	
STREET ADDRESS	<b>3000 LEMOINE AVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT LEE NJ</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILLIAM FAGUSON</b>	2.2 NAME	
STREET ADDRESS	<b>222 RIDGE RD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>N.ARLINGTON NJ 07031</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STOLARZ, ROBERT</b>	3.2 NAME	
STREET ADDRESS	<b>US HWY 46 &amp; CENTRAL AVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TETERBORO NJ</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROBERTSON, JAMES</b>	4.2 NAME	
STREET ADDRESS	<b>ONE SNYDER CIRCLE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW MILFORD NJ</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William Faguson **SIGNATURE REQUIRED** 2/1/99 201 955-5222  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)