

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000482

FILED
Jan 07, 2008
Secretary of State

Entity Name: ADVOCATE COUNSELING SERVICES, INC.

Current Principal Place of Business:

200 SE 6TH ST, STE. #400
FT. LAUDERDALE, FL 33301

New Principal Place of Business:

Current Mailing Address:

200 SE 6TH ST, STE. #400
FT. LAUDERDALE, FL 33301

New Mailing Address:

FEI Number: 65-0651315

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DRAKAS, CAROLYN
200 SE 6TH ST, STE. #400
FT. LAUDERDALE, FL 33301 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: PD () Delete
Name: DRAKAS, CAROLYN
Address: 200 SE 6TH ST #400
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: V () Delete
Name: GALLICHIO, LAWRENCE
Address: 200 SE 6TH ST, STE. #400
City-St-Zip: FT. LAUDERDALE, FL 33301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: CAROLYN DRAKAS

PD

01/07/2008

Electronic Signature of Signing Officer or Director

Date