

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000088782 (5)**

1. Corporation Name

INTERNATIONAL ASSOCIATION OF COUNSELORS & THERAPISTS, INC.



Principal Place of Business

10915 BONITA BEACH RD. S.E.
#2142
BONITA SPRINGS FL 33923

Mailing Address

10915 BONITA BEACH RD. S.E.
#2142
BONITA SPRINGS FL 33923

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip Country

3. Date Incorporated or Qualified
12/07/1994

3a. Date of Last Report
04/04/1995

4. FEI Number
65-0559423

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

9. Name and Address of Current Registered Agent

LAVELLE, JILL R
10915 BONITA BEACH RD. S.E.
#2142
BONITA SPRINGS FL 33923

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 607.0507 and 607.1509, 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

Jill R. Lavelle

Jill R. Lavelle

12. OFFICERS AND DIRECTORS

1 NAME: LAVELLE, JILL R DELETE
2 STREET ADDRESS: 10915 BONITA BEACH RD. S.E., #2142
3 CITY-STATE-ZIP: BONITA SPRINGS FL 33923

4 NAME: DELETE
5 STREET ADDRESS:
6 CITY-STATE-ZIP:

7 NAME: DELETE
8 STREET ADDRESS:
9 CITY-STATE-ZIP:

10 NAME: DELETE
11 STREET ADDRESS:
12 CITY-STATE-ZIP:

13 NAME: DELETE
14 STREET ADDRESS:
15 CITY-STATE-ZIP:

16 NAME: DELETE
17 STREET ADDRESS:
18 CITY-STATE-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE: Change Addition

12 NAME:

13 STREET ADDRESS:

14 CITY-STATE-ZIP: Change Addition

15 TITLE: Change Addition

16 NAME:

17 STREET ADDRESS:

18 CITY-STATE-ZIP: Change Addition

19 TITLE: Change Addition

20 NAME:

21 STREET ADDRESS:

22 CITY-STATE-ZIP: Change Addition

23 TITLE: Change Addition

24 NAME:

25 STREET ADDRESS:

26 CITY-STATE-ZIP: Change Addition

27 TITLE: Change Addition

28 NAME:

29 STREET ADDRESS:

30 CITY-STATE-ZIP: Change Addition

31 TITLE: Change Addition

32 NAME:

33 STREET ADDRESS:

34 CITY-STATE-ZIP: Change Addition

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 alternate mailing address.

SIGNATURE:

Jill R. Lavelle

Jill R. Lavelle

3/6/96

941 4989710

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FD-204 (Rev. 11-2-90)

CR2E034 (12/95)