


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 23, 2006 8:00 am**  
**Secretary of State**

03-23-2006 90018 046 \*\*\*150.00

**DOCUMENT # P94000088782**

1. Entity Name  
**INTERNATIONAL ASSOCIATION OF COUNSELORS & THERAPISTS, INC.**



Principal Place of Business      Mailing Address

10915 BONITA BEACH RD. S.E.  
 #1101  
 BONITA SPRINGS, FL 34135

10915 BONITA BEACH RD. S.E.  
 #1101  
 BONITA SPRINGS, FL 34135

**50004979**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

01242006    Chg-P    CR2E034 (11/05)

City & State      City & State

4. FEI Number      Applied For

**65-0559423**      Not Applicable

Zip      Country      Zip      Country

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAVELLE, JILL R  
 10915 BONITA BEACH RD. S.E.  
 #1101  
 BONITA SPRINGS, FL 34135

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
 Trust Fund Contribution       **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS      11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 2006

TITLE	D	<input type="checkbox"/> Delete
NAME	LAVELLE, JILL R	
STREET ADDRESS	10915 BONITA BEACH RD. S.E. #1101	
CITY-ST-ZIP	BONITA SPRINGS, FL 34135	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jill R. Lavelle      Jill R. Lavelle      3/21/06      239      498-9710  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #