

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000088782

**FILED**  
**Jan 19, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

RR 2 BOX 2468  
LACEYVILLE, PA 18623

**New Principal Place of Business:**

8852 SR 3001  
LACEYVILLE, PA 18623

**Current Mailing Address:**

RR 2 BOX 2468  
LACEYVILLE, PA 18623

**New Mailing Address:**

8852 SR 3001  
LACEYVILLE, PA 18623

FEI Number: 65-0559423

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

LAVELLE, JILL R  
5535 SALEM SQUARE DR. N  
PALM HARBOR, FL 34685 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  
Name: OTTO, ROBERT F SR  
Address: 8852 SR 3001  
City-St-Zip: LACEYVILLE, PA 18623

Title: D  
Name: OTTO, LINDA I  
Address: 8852 SR 3001  
City-St-Zip: LACEYVILLE, PA 18623

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT F. OTTO, SR.

PD

01/19/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date