

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90108 027 ***150.00

DOCUMENT # P98000072612

1. Entity Name
MERIDIAN COUNSELING CENTER, INC.



Principal Place of Business Mailing Address

38052 MERIDIAN AVE. P O BOX 337
 DADE CITY, FL 33525 DADE CITY, FL 33526-0337

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

38108 MERIDIAN AVE **P.O. Box 337**

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

City & State City & State

DADE CITY FL **DADE CITY FL**

Zip Country Zip Country

33525 USA **33526 USA**



01092008 Chg-P CR2E034 (12/06)

4. FEI Number Applied For

59-3526805 Not Applicable

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

6. Name and Address of Current Registered Agent

BOYETTE, MICHAEL C
C/O THE TRAVELIN TAXMAN
6611 BOYETTE ROAD
WESLEY CHAPEL, FL 33544-3882

7. Name and Address of New Registered Agent

Name **Gloria L. PAYNE**

Street Address (P.O. Box Number is Not Acceptable)

37233 Church Ave

City State Zip Code

DADE CITY FL 33525

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: *Gloria L. Payne* DATE: **1-9-08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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 11	
TITLE	PSTD	TITLE	
NAME	PAYNE, GLORIA L	NAME	
STREET ADDRESS	37233 CHURCH AVE	STREET ADDRESS	
CITY-ST-ZIP	DADE CITY, FL 33525	CITY-ST-ZIP	
TITLE	VD	TITLE	
NAME	CONNELLY, JON	NAME	
STREET ADDRESS	4286 W MAIN ST	STREET ADDRESS	
CITY-ST-ZIP	JUPITER, FL 33477	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 an other like empowered.

SIGNATURE: *Gloria L. Payne* DATE: **1-9-08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #