


FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90671 038 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

| | | | |
|--|---|--|--|
| DOCUMENT # S56865 | |  | |
| 1. Entity Name CENTER FOR COUNSELING AND PSYCHOTHERAPY, INC. | | | |
| Principal Place of Business 24 CATHEDRAL PLACE SUITE 307 ST. AUGUSTINE, FL 32084 | | Mailing Address 24 CATHEDRAL PLACE SUITE 307 ST. AUGUSTINE, FL 32084 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 4. FEI Number 59-3068825 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent WRENN, P. CHRISTOPHER 231 EAST ADAMS STREET JACKSONVILLE, FL 32202 | | 7. Name and Address of New Registered Agent | |
| Name | | Name | |
| Street Address (P.O. Box Numbers Not Acceptable) | | Street Address (P.O. Box Numbers Not Acceptable) | |
| City | | 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 _____ <small>Signature, typed or printed name of registered agent is valid if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete RD LOMBANA, JOYCE 24 CATHEDRAL PLACE S-307 ST. AUGUSTINE FL | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition LOMBANA-ARAGNO, JOYCE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(b), 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 in 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: <i>Joyce Lombana Aragno</i> | | Date: <i>4/26/04</i> | |
| TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | |

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04222004 Chg-P CR2E034 (10/03)