

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000112200

FILED  
May 11, 2009  
Secretary of State

Entity Name: AKINS COUNSELING CENTER ,INC.

## Current Principal Place of Business:

2431 ALOMA AVENUE  
219  
WINTER PARK, FL 32792

## New Principal Place of Business:

## Current Mailing Address:

2431 ALOMA AVENUE  
#219  
WINTER PARK, FL 32792

## New Mailing Address:

2431 ALOMA AVENUE  
219  
WINTER PARK, FL 32792

FEI Number: 20-3431994

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

AKINS, CASANDRA L  
2431 ALOMA AVENUE  
#219  
WINTER PARK, FL 32792 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DIR ( ) Delete  
Name: AKINS, CASANDRA L  
Address: 2431 ALOMA AVENUE SUITE 219  
City-St-Zip: WINTER PARK, FL 32792

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CASANDRA L. AKINS

DIR

05/11/2009

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

\_\_\_\_\_  
Date