

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S56865

FILED  
Apr 24, 2009  
Secretary of State

**Entity Name:** CENTER FOR COUNSELING AND PSYCHOTHERAPY, INC.

**Current Principal Place of Business:**

24 CATHEDRAL PLACE  
SUITE 307  
ST. AUGUSTINE, FL 32084

**New Principal Place of Business:**

**Current Mailing Address:**

24 CATHEDRAL PLACE  
SUITE 307  
ST. AUGUSTINE, FL 32084

**New Mailing Address:**

FEI Number: 59-3068825      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

WRENN, P. CHRISTOPHER  
231 EAST ADAMS STREET  
JACKSONVILLE, FL 32202      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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: LOMBANA-ARAGNO, JOYCE  
Address: 24 CATHEDRAL PLACE S-307  
City-St-Zip: ST. AUGUSTINE, FL

**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: JOYCE LOMBANA-ARAGNO

PRES

04/24/2009

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

\_\_\_\_\_ Date