

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000009402

**FILED
Jan 20, 2015
Secretary of State
CC6260974181**

Entity Name: MENTAL HEALTH COUNSELORS OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

871 OUTER ROAD
SUITE D
ORLANDO, FL 32814

Current Mailing Address:

P.O. BOX 307
WINTER PARK, FL 32790

FEI Number: 35-2464997

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

POLLOCK, SANDRA
871 OUTER ROAD
SUITE D
ORLANDO, FL 32814 US

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

Officer/Director Detail :

Title PD
Name MACKAY, JACKIE
Address 1850 LEE ROAD, SUITE 116
City-State-Zip: WINTER PARK FL 32789

Title TD
Name POLLOCK, SANDRA
Address 871 OUTER ROAD SUITE D
City-State-Zip: ORLANDO FL 32814

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

SIGNATURE: SANDRA POLLOCK

TREASURER

01/20/2015

Electronic Signature of Signing Officer/Director Detail

Date