

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000009402

**FILED
Jan 16, 2018
Secretary of State
CC1278966366**

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

Current Principal Place of Business:

1540 LAKE BALDWIN LANE
SUITE B
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
1540 LAKE BALDWIN LANE
SUITE B
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 FITSIMONES, TIMOTHY
Address 2260 GLENWOOD DRIVE
City-State-Zip: WINTER PARK FL 32792

Title TD
Name POLLOCK, SANDRA
Address 1540 LAKE BALDWIN LANE
SUITE B
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

01/16/2018

Electronic Signature of Signing Officer/Director Detail

Date