

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000006621

Entity Name: PINNACLE COUNSELING INSTITUTE, INC.**Current Principal Place of Business:**1964 HOWELL BRANCH ROAD
SUITE 106
WINTER PARK, FL 32792**Current Mailing Address:**POST OFFICE BOX 5029
WINTER PARK, FL 32793**FEI Number: 47-4552348****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ROBERTS, BREHON E
712 LAUREL WAY
CASSELBERRY, FL 32707 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:** BREHON ROBERTS**04/10/2021**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	C
Name	TILLER, B. JOAN
Address	11036 WURDERMANN'S WAY
City-State-Zip:	ORLANDO FL 32825

Title	PCEO
Name	GIBSON, CATHERINE W MA, LMH
Address	POST OFFICE BOX 5029
City-State-Zip:	WINTER PARK FL 32793

Title	TREASURER
Name	JONES, LESENA
Address	5849 LAKE MELROSE DRIVE
City-State-Zip:	ORLANDO FL 32829

Title	OFFICER
Name	RAMANO, JOYCE
Address	5128 SPRING VALLEY AVENUE
City-State-Zip:	ORLANDO FL 32819

Title	OFFICER
Name	MCWILLIAMS, JOHN AUSTIN
Address	2628 COOLIDGE AVENUE
City-State-Zip:	ORLANDO FL 32804

Title	OFFICER
Name	CLAYTON, LISA
Address	1230 N. PARK AVENUE
City-State-Zip:	WINTER PARK FL 32789

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: CATHERINE W GIBSON**PRES/CEO****04/10/2021**

Electronic Signature of Signing Officer/Director Detail

Date