

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000090580

Entity Name: JOEL BROOKS COUNSELING, INC.**Current Principal Place of Business:**3500 E FLETCHER AVE
SUITE 501
TAMPA, FL 33613**Current Mailing Address:**6237 EAGLEBROOK AVE
TAMPA, FL 33625 US**FEI Number:** 27-3924652**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BROOKS, NAOMI S
6237 EAGLEBROOK AVE
TAMPA, FL 33625 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	PRES
Name	BROOKS, JOEL
Address	6237 EAGLEBROOK AVE
City-State-Zip:	TAMPA FL 33625

Title	SECR
Name	BROOKS, NAOMI
Address	6237 EAGLEBROOK AVE
City-State-Zip:	TAMPA FL 33625

Title	TREA
Name	BROOKS, NAOMI
Address	6237 EAGLEBROOK AVE
City-State-Zip:	TAMPA FL 33625

Title	DIR
Name	BROOKS, JOSEPH
Address	3244 HERNE BAY CT
City-State-Zip:	LAND O LAKES FL 34638

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

SIGNATURE: NAOMI BROOKS**TREASURER****03/07/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date