

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000000846

**Entity Name:** GREENE PROFESSIONAL COUNSELING INC.

**Current Principal Place of Business:**

12086 FORT CAROLINE ROAD  
SUITE 404 #3  
JACKSONVILLE, FL 32225

**Current Mailing Address:**

1902 SHADOW RIDGE TRAIL  
JACKSONVILLE, FL 32225

**FEI Number: 46-4380578**

**Certificate of Status Desired: No**

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

GREENE SR., JAMES E  
1902 SHADOW RDIGE TRAIL  
JACKSONVILLE, FL 32225 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            CEO  
Name            GREENE SR, JAMES  
Address        1902 SHADOW RIDGE TRAIL  
City-State-Zip: JACKSONVILLE FL 32225

Title            D  
Name            GRANT, DIANE  
Address        5523 CABOT DRIVE NORTH  
City-State-Zip: JACKSONVILLE FL 32244

Title            CEO  
Name            THOMAS, EUDELIA  
Address        2219 HOVINGTON CIRCLE  
City-State-Zip: JACKSONVILLE FL 32246

Title            D  
Name            GREENE, MYRTLE H  
Address        1902 SHADOW RIDGE TRAIL  
City-State-Zip: JACKSONVILLE FL 32225

*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: JAMES E.GREENE SR.**

**CEO**

**04/09/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date