

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000088782

**FILED**  
**Feb 17, 2016**  
**Secretary of State**  
**CC3815918044**

**Entity Name:** INTERNATIONAL ASSOCIATION OF COUNSELORS & THERAPISTS, INC.

**Current Principal Place of Business:**

8852 SR 3001  
LACEYVILLE, PA 18623

**Current Mailing Address:**

8852 SR 3001  
LACEYVILLE, PA 18623

**FEI Number: 65-0559423**

**Certificate of Status Desired: Yes**

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

LAVELLE, JILL R  
5535 SALEM SQUARE DR. N  
PALM HARBOR, FL 34685 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	Title	D
Name	OTTO, ROBERT FSR	Name	OTTO, LINDA I
Address	8852 SR 3001	Address	8852 SR 3001
City-State-Zip:	LACEYVILLE PA 18623	City-State-Zip:	LACEYVILLE PA 18623

*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: ROBERT F. OTTO

PRESIDENT

02/17/2016

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

\_\_\_\_\_ Date