

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000072612

**Entity Name:** MERIDIAN COUNSELING CENTER, INC.

**Current Principal Place of Business:**

38052 MERIDIAN AVE  
DADE CITY, FL 33525

**Current Mailing Address:**

P O BOX 337  
DADE CITY, FL 33526-0337

**FEI Number: 59-3526805**

**Certificate of Status Desired: Yes**

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

PAYNE, GLORIA L  
13923 3RD STREET  
DADE CITY, FL 33525 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 PSTD  
Name PAYNE, GLORIA L  
Address 37233 CHURCH AVE  
City-State-Zip: DADE CITY FL 33525

Title VD  
Name CONNELLY, JON  
Address 4286 W MAIN ST  
City-State-Zip: JUPITER FL 33477

*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: GLORIA L PAYNE**

**OWNER**

**04/11/2017**

Electronic Signature of Signing Officer/Director Detail

Date