FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Apr 14 1997 8:00am

Secretary of State

- A ANNIBE DIELE ROURE BUILL ACENT BUILL BUILL

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 576854

(4)

FORT MYERS COUNSELING CENTER, INC.

Principal Pla 2263 S.E. 277 CAPE CORAL US		2263	Mailing Address 2263 S.E. 27TH ST. CAPE CORAL FL 33904-3363 US					-{			
							3. Date incorporated or Qua 06/23/1978	alified	ied 3a. Date of Last Report 04/17/1996		
2. Principa:	Place of Business	2a.	Mailing Address			· · · · · · · · · · · · · · · · · · ·	4. FEI Number			plied For	
21	,	26					59-1827464			t Applicable	
Suite, Apt	t #, etc.	27	Suite, Apt. #, etc. '				5. Certificate of Status Desired Security Securi				
City & Sta 23	ate	28	City & State	. ,			Election Campaign Finan Trust Fund Contribution		\$5.00		
Zip	Country		Z _i p	Co	untry	······································	8. This corporation has liabi	lity for inte	angible tax under s	199.032,	
24			30	0		Florida Statutes Yes No					
	9, Name and Address of Curre	ent Registe	ered Agent				10. Name and Address of N	lew Regi	stered Agent		
DE	PAOLA, BRENDA				81	Name					
	3 S.E. 27TH STREET PE CORAL FL 33904				82	Street A	ddress (P.O. Box Number is Not Ac	ess (P.O. Box Number is Not Acceptable)			
J	2 0017212 00001				83				· · · · · · · · · · · · · · · · · · ·		
					84	City			FL 85 Zip (Code	
office or	to the provisions of Sections 607.05 registered agent, or both, in the Sta am familiar with, and accept the obli	te of Florida igations of,	a. Such change was Section 607.0505, F	authorize Iorida Sta	ed by tutes	the corp s.	oration's board of directors. I hereby	or the pur y accept t	the appointment as	s registered registered	
12.	Signarine hyperbior printed harve of registered a OFFICERS A			TE: Registeri	d Ape	nt signature i	equired when reinstaling) ADDITIONS/CHANGES TO	OFFICE	DATE	C IN 10	
TITLS	P	IND DINEC	DELETE	1,1 7	tti F	····	ADDITIONS/CITANGES TO	OFFICE	Change	Addition	
NAMÉ	DEPAOLA,BRENDA		La occur	- 6	IAME				onange	,	
STREET ADDRESS	AAAA O F ATTU OTDEET					ADDRESS					
City - S1 - ZiP	CAPE CORAL FL					IT-ZIP					
THE	8		DELETE	2.13		1 2 11		····	Change	Addition	
NAME	DEPAOLA, WALTER			2.2)	IAME				·		
STREET ADDRESS	AAAA A P ATTII ATOPET					ADDRESS					
Cify S1-2IP	CAPE CORAL FL					ST-ZIP					
TITLE	T		☐ DELETE	3.1 1					Change	Addition	
NAME	DEPAOLA, LEELA			3.21	IAME						
STREET ADDRESS				3.3 9	TREET	ADDRESS					
CHY-S1-7/P	CAPE CORAL FL			3.4.	CITY-	ST-ZIP					
HILE			DELETE	4.1	ITLE				Change	Addition	
NAME				4.2	NAME						
STREET ADDRESS	i			4.3 9	TREET	ADDRESS					
CiTy - SY - ZIP				_		T-ZIP				1.12.	
1111.6			☐ DELETE		ITLE	ļ			☐ Change	Addition	
NAME				-	IAME	ŀ					
STREET ADDRESS	i			5.3 \$	TREET	ADDRESS					
City - ST-ZIP			65.555		•	T-ZIP			- 1 Ac.	Addres.	
TITLE			☐ D£LETE		TILE	1			Change	Addition	
NAME					IAME						
STREET ALIONESS	;			6.3 \$	STREET	ADDRESS					

14. I do hereby certily that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed or on an attachment with an address.

6.4 CITY - ST - ZIP