

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 759521 (8)**  
1. Corporation Name  
**ASSOCIATION FOR HOLISTIC COUNSELORS, INC.**



Principal Place of Business

Mailing Address

**2080 SEMINOLE BLVD.  
21. BOX 100  
LARGO FL 34640  
US**

**11750 6TH ST., E.  
TREASURE ISLAND FL 33706  
US**

3. Date Incorporated or Qualified  
**08/07/1981**

3a. Date of Last Report  
**05/18/1995**

2. Principal Place of Business  
**21 PO BOX 8238**

2a. Mailing Address  
**26 1207 2nd Ave West**

4. FEI Number  
**59-2233628**

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State  
**23 KALISPELL, MT**

City & State  
**28 KALISPELL, MT**

6. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip Country  
**24 59901-1238 25 USA**

Zip Country  
**29 59901-5619 30 USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MACDONALD, RONALD  
11750-6TH ST.,EAST  
TREASURE ISLAND FL 33706**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **PD MACDONALD, DOROTHY D.**  
STREET ADDRESS **11750-6TH ST.,EAST**  
CITY-ST-ZIP **TREASURE ISLAND FL**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP **33706**

TITLE ☐ DELETE  
NAME **STD HARRIMAN, JEANNE**  
STREET ADDRESS **11750-6TH STREET, EAST**  
CITY-ST-ZIP **TREASURE ISLAND FL**

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME **PO BOX 8238**  
2.3 STREET ADDRESS **1207 2nd Avenue West #A**  
2.4 CITY-ST-ZIP **KALISPELL, MT 59904-1238**

TITLE ☐ DELETE  
NAME **D HODGES, PAMELA**  
STREET ADDRESS **P.O. BOX 1042 N/A**  
CITY-ST-ZIP **BAHO SPRING CO**

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME **PO Box 988**  
3.3 STREET ADDRESS **Brandy, CO, 80446**  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **D OBREDGON, ROSALIE**  
STREET ADDRESS **2195-22ND AVE-N**  
CITY-ST-ZIP **ST.PETERSBURG FL**

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME **PO Box 5658**  
4.3 STREET ADDRESS **Roswell, NM 80202**  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/16/96*  
Date

Daytime Phone #

CR2E037 (12/95)