

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

FILED
May 23 1996 8:00 am
Secretary of State

DOCUMENT # 761491 (0)
1. Corporation Name
FAMILY COUNSELING CENTER OF PINELLAS COUNTY, INC



500001837025
-05/23/96--01056--014
***61.25

Principal Place of Business Mailing Address
% 2960 ROOSEVELT BLVD.
CLEARWATER FL 34620 % 2960 ROOSEVELT BLVD.
CLEARWATER FL 34620

3. Date Incorporated or Qualified 10/18/1982 3a. Date of Last Report 10/02/1995

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

4. FEI Number 59-2159114 Applied For Not Applicable

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

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

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

VILLALBA, CHESTER F
2960 ROOSEVELT BOULEVARD
CLEARWATER FL 34620

81 Name Suzanne Gibson Wise
82 Street Address (P.O. Box Number is Not Acceptable) 2960 Roosevelt Boulevard
83
84 City Clearwater FL 85 Zip Code 34620

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: Suzanne Gibson Wise, Executive Director 3-29-96
(NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME DOWLING, DENISE
STREET ADDRESS 5600 115 AVE. N., STE C
CITY-ST-ZIP CLEARWATER FL 34620

1.1 TITLE Past PD ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE SD ☒ DELETE
NAME FOLEY, MICHAEL F
STREET ADDRESS 490 FIRST AVE. SOUTH
CITY-ST-ZIP ST PETERSBURG FL

2.1 TITLE VD ☒ Change ☐ Addition
2.2 NAME Joanne L. Horst
2.3 STREET ADDRESS 702 Ponce De Leon Boulevard
2.4 CITY-ST-ZIP Belleair, FL 34616

TITLE VD ☒ DELETE
NAME FUHLER, LYNN M
STREET ADDRESS 26338 U.S. 19 NORTH, SUITE 110
CITY-ST-ZIP CLEARWATER FL 34623

3.1 TITLE VD ☒ Change ☐ Addition
3.2 NAME Linda S. Lerner
3.3 STREET ADDRESS 8022 Oak Forest Boulevard W
3.4 CITY-ST-ZIP Seminole, FL 34646

TITLE VD ☐ DELETE
NAME MCGRATH, MARIAN H
STREET ADDRESS 424 CENTRAL AVENUE, SUITE 200
CITY-ST-ZIP ST. PETERSBURG FL 33701

4.1 TITLE SD ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE PED ☐ DELETE
NAME HICKS, MICHAEL D CPA
STREET ADDRESS 28183 US 19 NORTH, STE 204
CITY-ST-ZIP CLEARWATER FL 34621

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

TITLE TD ☒ DELETE
NAME SHAWING, HUGH J
STREET ADDRESS 165 WOODCREEK DRIVE SOUTH
CITY-ST-ZIP SAFETY HARBOR FL 34695

6.1 TITLE TD ☒ Change ☐ Addition
6.2 NAME Marcus W. Greene
6.3 STREET ADDRESS 401 E. Jackson Street, Suite 1900
6.4 CITY-ST-ZIP Tampa, FL 33601

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: Michael D. Hicks Michael D. Hicks 3-29-96 (813) 531-0482
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)