

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Mar 07 1997 8:00am  
Secretary of State

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



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

3. Date Incorporated or Qualified **01/18/1982** 3a. Date of Last Report **05/23/1996**  
4. FEI Number **59-2159114** Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**  
6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip  
24 Country 29 Country  
30

9. Name and Address of Current Registered Agent

**WISE, SUZANNE G**  
**2960 ROOSEVELT BOULEVARD**  
**CLEARWATER FL 34620**

10. Name and Address of New Registered Agent

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

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	DOWLING, DENISE	
STREET ADDRESS	5600 115 AVE. N., STE C	
CITY-ST-ZIP	CLEARWATER FL 34620	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HORST, JOANNE L	
STREET ADDRESS	702 PONCE DE LEON BOULEVARD	
CITY-ST-ZIP	BELLEAIR FL 34618	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	LERNER, LINDA S	
STREET ADDRESS	8022 OAK FOREST BOULEVARD	
CITY-ST-ZIP	SEMINOLE FL 34646	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MCGRATH, MARIAN H	
STREET ADDRESS	424 CENTRAL AVENUE, SUITE 200	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	HICKS, MICHAEL D CPA	
STREET ADDRESS	28163 US 19 NORTH, STE 204	
CITY-ST-ZIP	CLEARWATER FL 34621	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GREENE, MARCUS W	
STREET ADDRESS	401 EAST JACKSON STREET SUITE 1900	
CITY-ST-ZIP	TAMPA FL 33601	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Worlds, Maj. A. Lois	
1.3 STREET ADDRESS	1300 1st Avenue North	
1.4 CITY-ST-ZIP	St. Petersburg, FL 33705	
2.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Korpan, Patricia G.	
3.3 STREET ADDRESS	4993 Turtle Creek Trail	
3.4 CITY-ST-ZIP	Oldsmar, FL 34677	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	PED	
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	300 1st Avenue South	
5.3 STREET ADDRESS	St. Petersburg, FL 33701	
5.4 CITY-ST-ZIP		
6.1 TITLE	PPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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 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 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]*

Date

Daytime Phone # 00763772

CR2E037 (9/96)