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Mar 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 761491 (0)

1. Corporation Name
FAMILY COUNSELING CENTER OF PINELLAS COUNTY, INC

Principal Place of Business % 2960 ROOSEVELT BLVD. CLEARWATER FL 34620	Mailing Address % 2960 ROOSEVELT BLVD. CLEARWATER FL 34620
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3. Date Incorporated or Qualified 01/18/1982
4. FEI Number 59-2159114
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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
25	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
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	VD <input type="checkbox"/> DELETE
NAME	WORLDS, MAJ A LOIS
STREET ADDRESS	1300 1 AVE N
CITY-ST-ZIP	ST PETERSBURG FL
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	HORST, JOANNE L
STREET ADDRESS	702 PONCE DE LEON BOULEVARD
CITY-ST-ZIP	BELLEAIR FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	KORPAN, PATRICIA G
STREET ADDRESS	4993 TURTLE CREEK TRAIL
CITY-ST-ZIP	OLDSMAR FL
TITLE	PED <input type="checkbox"/> DELETE
NAME	MCGRATH, MARIAN H
STREET ADDRESS	424 CENTRAL AVENUE, SUITE 200
CITY-ST-ZIP	ST. PETERSBURG FL
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	HICKS, MICHAEL D CPA
STREET ADDRESS	300 1 AVE SOUTH
CITY-ST-ZIP	ST PETERSBURG FL
TITLE	PPD <input type="checkbox"/> DELETE
NAME	GREENE, MARCUS W
STREET ADDRESS	401 EAST JACKSON STREET SUITE 1900
CITY-ST-ZIP	TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PE/D <input type="checkbox"/> Change <input 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
2.1 TITLE	S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Jackson S. Doretha
2.3 STREET ADDRESS	1015 10th Avenue North
2.4 CITY-ST-ZIP	St. Petersburg, FL 33705
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	McGrath, Marian H.
4.3 STREET ADDRESS	424 Central Avenue, Suite 200
4.4 CITY-ST-ZIP	St. Petersburg, FL
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Skalski, Joseph
6.3 STREET ADDRESS	4500 140th Avenue North
6.4 CITY-ST-ZIP	St. Petersburg, FL

14. I 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: *Suzanne Wicks* 2/13/98 (812) 531-0482

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