

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # J58587 (3)

1. Corporation Name

FIRST STEP COUNSELING CENTER, INC.

Principal Place of Business

1583 S. BELCHER  
CLEARWATER FL 34624

Mailing Address

1583 S. BELCHER  
CLEARWATER FL 34624



2. Principal Place of Business

21 209 South St

Suite, Apt. #, etc.

22

City & State

23 Palm Harbor, FL

24 34683

25 Pinellas

2a. Mailing Address

26 Box 335

Suite, Apt. #, etc.

27

City & State

28 OZONA FL

29 34660

30 Pinellas

3. Date Incorporated or Qualified

02/20/1987

3a. Date of Last Report

03/27/1995

4. FEI Number

59-2750501

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

RAYBURN, LAURA J.  
1968 BAYSHORE BLVD  
DUNEDIN FL 33528

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 607.0602 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature (typed or printed name of registered agent and the date of signature)

(If the Registered Agent is not the corporation, then the signature of the registered agent is required.)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTO  
NAME D'AURIA, JOYCE MILNE  
STREET ADDRESS 1583 S. BELCHER #D  
CITY-ST-ZIP CLEARWATER FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
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CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE PTO  
2. NAME D'Auria, Joyce Milne  
3. STREET ADDRESS Box 335  
4. CITY-ST-ZIP OZONA FL 34660

☒ Change ☐ Addition

2. TITLE  
3. NAME  
4. STREET ADDRESS  
5. CITY-ST-ZIP

☐ Change ☐ Addition

3. TITLE  
4. NAME  
5. STREET ADDRESS  
6. CITY-ST-ZIP

☐ Change ☐ Addition

4. TITLE  
5. NAME  
6. STREET ADDRESS  
7. CITY-ST-ZIP

☐ Change ☐ Addition

5. TITLE  
6. NAME  
7. STREET ADDRESS  
8. CITY-ST-ZIP

☐ Change ☐ Addition

6. TITLE  
7. NAME  
8. STREET ADDRESS  
9. CITY-ST-ZIP

☐ Change ☐ Addition

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Joyce Milne D'Auria  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/96 (813) 781-4904  
DATE DAY MONTH YEAR

CR2E034 (12/95)