

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90293 035 ***150.00

DOCUMENT # K04007

1. Entity Name

INTENSIVE CRISIS COUNSELING SERVICE, INC.



Principal Place of Business

2834 REMINGTON GREEN CIRCLE
SUITE 202
TALLAHASSEE FL 32308
US

Mailing Address

2834 REMINGTON GREEN CIRCLE
SUITE 202
TALLAHASSEE FL 32308
US

14012116



MOORE CR2E034 (11/03)

2. Principal Place of Business

1815 Miccosukee Commons

3. Mailing Address

same

Suite, Apt. #, etc.

Suite 102

Suite, Apt. #, etc.

City & State

Talla

City & State

Zip

FL

Country

U.S.O.F.A

Zip

32308

Country

4. FEI Number

59-2859061

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HUMPHREYS, JULIE
2834 REMINGTON GREEN CIRCLE
SUITE 202
TALLAHASSEE FL 32308

Name

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

1815 Miccosukee Commons

City

TALLA

FL

Zip Code

32308

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Julie Humphreys Pres

Julie Humphreys Pres 4/25/04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE V
NAME HUMPHREYS, FRED
STREET ADDRESS 8226 WESTMINSTER ABBEY BLVD
CITY-ST-ZIP ORLANDO FL 32835

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P
NAME HUMPHREYS, JULIE
STREET ADDRESS 2834 REMINGTON GREEN CIRCLE SUITE 202
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Julie Humphreys Pres

Julie Humphreys Pres 4/25/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #