

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004075

FILED
Feb 13, 2009
Secretary of State

Entity Name: INSIGHT COUNSELING SERVICES, INC.

Current Principal Place of Business:

4814 26TH ST WEST
BRADENTON, FL 34207

New Principal Place of Business:

Current Mailing Address:

4814 26TH ST WEST
BRADENTON, FL 34207

New Mailing Address:

FEI Number: 65-1023414 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DAVIS, LISA M
215 PETREL TRAIL
BRADENTON, FL 34212 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DEREN, FRANCINE
Address: 6599 CONNECTICUT DR
City-St-Zip: SARASOTA, FL 34243

Title: D () Delete
Name: EMERY, SHARON
Address: 4434 FERN DRIVE
City-St-Zip: BRADENTON, FL 34208

Title: D () Delete
Name: CHAPPIE, DAN
Address: 11131 PINE LILLY PLACE
City-St-Zip: BRADENTON, FL 34202

Title: VC () Delete
Name: DAMATO, CHARLOTTE
Address: 1099 GREYSTONE LANE
City-St-Zip: SARASOTA, FL 34232

Title: C () Delete
Name: DOWNING, GINNA
Address: 516 PECAN LANE
City-St-Zip: BRADENTON, FL 34212

Title: T () Delete
Name: LEE, JUDY
Address: 912 48TH STREET DRIVE E
City-St-Zip: BRADENTON, FL 34208

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: POLLOCK, DAVID
Address: FOUNDERS CIRCLE
City-St-Zip: PALMETTO, FL 34221

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: BOWEN, JOHN
Address: 7917 MEADOW RUSH LOOP
City-St-Zip: SARASOTA, FL 34238

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LISA M. DAVIS

ED

02/13/2009

Electronic Signature of Signing Officer or Director

Date