

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004075

FILED  
Jan 06, 2012  
Secretary of State

**Entity Name:** INSIGHT COUNSELING SERVICES, INC.

**Current Principal Place of Business:**

351 6TH AVE. WEST  
BRADENTON, FL 34205

**New Principal Place of Business:**

**Current Mailing Address:**

351 6TH AVE. WEST  
BRADENTON, FL 34205

**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:** VC  
**Name:** GAPIN, TRACY  
**Address:** 1632 S. LAKESHORE DR.  
**City-St-Zip:** SARASOTA, FL 34231

**Title:** D  
**Name:** KLEIN, MELVIN  
**Address:** 1115 GREYSTONE LANE  
**City-St-Zip:** SARASOTA, FL 34232

**Title:** D  
**Name:** HEARD, KATHERINE  
**Address:** 1649 WISCONSIN LANE  
**City-St-Zip:** SARASOTA, FL 34239

**Title:** C  
**Name:** DAMATO, CHARLOTTE  
**Address:** 1099 GREYSTONE LANE  
**City-St-Zip:** SARASOTA, FL 34232

**Title:** S  
**Name:** PIEPER, JANIE  
**Address:** 8126 LAKEWOOD MAIN ST. STE.103  
**City-St-Zip:** LAKEWOOD RANCH, FL 34202

**Title:** T  
**Name:** BOWEN, JOHN  
**Address:** 2257 GONDOLA DR.  
**City-St-Zip:** OSPREY, FL 34229

I hereby 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 all other like empowered.

**SIGNATURE:** LISA M. DAVIS, PH.D.

ED

01/06/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date