


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2004 8:00 am
Secretary of State

03-10-2004 90022 016 ****61.25

DOCUMENT # N00000005008 1. Entity Name THE FIRM FOUNDATION MENTAL HEALTH COUNSELING & CONSULTATION SERVICES, INC.					
Principal Place of Business 5152 LIGHTHOUSE RD ORLANDO, FL 32808			Mailing Address 5152 LIGHTHOUSE RD ORLANDO, FL 32808		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3700349	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent RILEY, VAUGHN K 5152 LIGHTHOUSE RD ORLANDO, FL 32808				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State		10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RILEY, VAUGHN K 5152 LIGHTHOUSE RD ORLANDO, FL 32808		<input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RILEY, JUANITA L 5152 LIGHTHOUSE RD ORLANDO, FL 32808		<input type="checkbox"/> Delete	D CLEVELAND JONES 3287 HARRY ST. APOPKA, FL. 32712	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARSON, SHIRLEY 4049 BOOKER ST ORLANDO, FL 32811		<input type="checkbox"/> Delete	D MARJORIE JONES 3287 HARRY ST. APOPKA, FL. 32712	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 		<input type="checkbox"/> Delete	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 		<input type="checkbox"/> Delete	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 		<input type="checkbox"/> Delete	Change Addition	
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 617, 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: VAUGHN K. RILEY <i>Vaughn K. Riley</i> 3/14/04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					