

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005008

FILED
Apr 05, 2006
Secretary of State

Entity Name: THE FIRM FOUNDATION MENTAL HEALTH COUNSELING & CONSULTATION SERVICES, INC.

Current Principal Place of Business:

5152 LIGHTHOUSE RD
ORLANDO, FL 32808

New Principal Place of Business:

Current Mailing Address:

5152 LIGHTHOUSE RD
ORLANDO, FL 32808

New Mailing Address:

FEI Number: 59-3700349

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RILEY, VAUGHN K
5152 LIGHTHOUSE RD
ORLANDO, FL 32808 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: V () Delete
Name: RILEY, VAUGHN K
Address: 5152 LIGHTHOUSE RD
City-St-Zip: ORLANDO, FL 32808

Title: P () Delete
Name: RILEY, JUANITA L
Address: 5152 LIGHTHOUSE RD
City-St-Zip: ORLANDO, FL 32808

Title: D () Delete
Name: CARSON, SHIRLEY
Address: 4049 BOOKER ST
City-St-Zip: ORLANDO, FL 32811

Title: T () Delete
Name: BETTY, SPENCER
Address: 1013 HOWELL HARBOR DR.
City-St-Zip: CASSELBERRY, FL 32705

Title: S () Delete
Name: JONES, MARJORIE
Address: 3287 HARRY ST
City-St-Zip: APOPKA, FL 32712

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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Name:
Address:
City-St-Zip:

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: VAUGHN K. RILEY

V

04/05/2006

Electronic Signature of Signing Officer or Director

Date