

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000005008

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

2917 N. PINE HILLS RD.  
ORLANDO, FL 32808

**New Principal Place of Business:**

140 N. ORLANDO AVENUE  
285  
WINTER PARK, FL 32789

**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: P  
Name: RILEY, JUANITA L  
Address: 5152 LIGHTHOUSE RD  
City-St-Zip: ORLANDO, FL 32808

Title: D  
Name: SIMMONS, JOSEPH  
Address: 10028 RUSTIC RIDGE  
City-St-Zip: ORLANDO, FL 32832

Title: S/T  
Name: JONES, MARJORIE  
Address: 3287 HARRY ST  
City-St-Zip: APOPKA, FL 32712

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: JUANITA L. RILEY

P

04/29/2011

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

\_\_\_\_\_  
Date