2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 08, 2007
Secretary of State

DOCUMENT# N00000005297

Entity Name: THE INTERNATIONAL ACADEMY OF CULTURAL-FREE COUNSELING AND PSYCHOTHERAPY, INC.

Current Principal Place of Business:

2457 SOUTHERN LAKES DR.
ORANGE PARK, FL 32003

New Principal Place of Business:

Current Mailing Address:

2457 SOUTHERN LAKES DR.
ORANGE PARK, FL 32003

New Mailing Address:

FEI Number: 59-3676275 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

JONES, WILLIAM "PIKE"
2457 SOUTHERN LAKES DR.
ORANGE PARK, FL 32003 US

Name and Address of New Registered Agent:

JONES, WILLIAM
2457 SOUTHERN LAKES DR.
ORANGE PARK, FL 32003 US

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: WILLIAM JONES 06/08/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: RICHARDSON, EDNA
Address: 6803 MEDELLIN COURT
City-St-Zip: JACKSONVILLE, FL 32210

Title: VP ( ) Delete
Name: FENNING, PAUL PHD
Address: 10712 WINEGATE RD
City-St-Zip: JACKSONVILLE, FL 32210

Title: D ( ) Delete
Name: COFFEE, KAREN
Address: 8076 SARCEE TRAIL
City-St-Zip: JACKSONVILLE, FL 32244

Title: C ( ) Delete
Name: JONES, WILLIAM
Address: 2457 SOUTHERN LINKS DR
City-St-Zip: ORANGE PARK, FL 32003

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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: WILLIAM JONES D 06/08/2007
Electronic Signature of Signing Officer or Director Date