

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90408 029 \*\*\*\*70.00

**DOCUMENT # N01000007880**

1. Entity Name  
**ALL FAITH COUNSELING CENTER, INC.**



Principal Place of Business  
**1001 NE 16TH AVE  
GAINESVILLE, FL 32601**

Mailing Address  
**3119 NW 75TH TERR  
GAINESVILLE, FL 32606**

**50008484**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03302006

Chg-NP

CR2E037 (11/05)

City & State

City & State

4. FEI Number  
**80-0024935**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ADDIS, SUSAN  
3119 NW 75TH TERR  
GAINESVILLE, FL 32606**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	M	<input type="checkbox"/> Delete
NAME	PEARCE, JIM	
STREET ADDRESS	1520 NW 71ST ST	
CITY-ST-ZIP	GAINESVILLE, FL 32605	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	WHINYK, PAT	
STREET ADDRESS	933 NW 36TH DRIVE	
CITY-ST-ZIP	GAINESVILLE, FL 32605	
TITLE	ED	<input type="checkbox"/> Delete
NAME	ADDIS, SUSAN PH.D	
STREET ADDRESS	3119 NW 75TH TERR	
CITY-ST-ZIP	GAINESVILLE, FL 32606	
TITLE	M	<input type="checkbox"/> Delete
NAME	LANE, TOMMY	
STREET ADDRESS	3015 SW 81ST ST	
CITY-ST-ZIP	GAINESVILLE, FL 32607	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	CUENCA, CARMEN	
STREET ADDRESS	709 NW 84TH ST	
CITY-ST-ZIP	GAINESVILLE, FL 32601	
TITLE	M	<input checked="" type="checkbox"/> Delete
NAME	EVANS, JEAN	
STREET ADDRESS	3601 SW 2ND AVE, SUITE 14	
CITY-ST-ZIP	GAINESVILLE, FL 32605	

TITLE	M.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pearce, Jim	
STREET ADDRESS	3615 SW 13th St.	
CITY-ST-ZIP	Gainesville, FL 32608	
TITLE	Dr. - M	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dan Robinson	
STREET ADDRESS	Univ of FL - Professor of Pharmacy and Medicine	
CITY-ST-ZIP	Room M 3314 P.O. Box 100486 Gainesville, FL 32610-0486	
TITLE	Dr. Freeman, Gailmon	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	718 SE 11th St.	
STREET ADDRESS	Gainesville, FL 32641	
TITLE	M	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sheryl Ryan	
STREET ADDRESS	8506 NW 1st Ave.	
CITY-ST-ZIP	Gainesville, FL 32607	
TITLE	M	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Crutcher, Keith	
STREET ADDRESS	4534 SW 105th Dr.	
CITY-ST-ZIP	Gainesville, FL 32608	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** Susan Addis, Ph.D Susan Addis, Ph.D. 3-30-06 352 381-5577

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #