

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N01787** (3)
1. Corporation Name
MARRIAGE AND FAMILY COUNSELING OF PINELLAS, INC.



Principal Place of Business
**4140 49TH STREET NORTH
ST. PETERSBURG FL 33709**

Mailing Address
**4140 49TH STREET NORTH
ST. PETERSBURG FL 33709**

3. Date Incorporated or Qualified
03/06/1984

3a. Date of Last Report
02/09/1995

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-2649485		Applied For <input type="checkbox"/> Not Applicable	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22	City & State	27	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23	Zip	28	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24	Country	29	Country				

9. Name and Address of Current Registered Agent

**PRINSE, MARION
3111 GULF BLVD
ST PETE BEACH FL 33706**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
TITLE	CD <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRINSE, MARION	12 NAME	
STREET ADDRESS	3111 GULF BLVD	13 STREET ADDRESS	
CITY-ST-ZIP	ST PETE FL	14 CITY-ST-ZIP	
TITLE	VCD <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOCH, JEFFREY	22 NAME	
STREET ADDRESS	1429 SANDLEWOOD DR	23 STREET ADDRESS	
CITY-ST-ZIP	DUNEDIN FL	24 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEELE, SUSAN	32 NAME	
STREET ADDRESS	376 18 AVE NE	33 STREET ADDRESS	
CITY-ST-ZIP	ST PETE FL	34 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRINSE, MARION	42 NAME	
STREET ADDRESS	100 N STARCREST DRIVE	43 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	44 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEST, THOMAS	52 NAME	
STREET ADDRESS	5401 34 STREET SOUTH	53 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	54 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWEATT, HELEN	62 NAME	
STREET ADDRESS	1300 FIRST AVE N	63 STREET ADDRESS	
CITY-ST-ZIP	ST PETE FL	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)