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Feb 05 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

Mailing Address

4140 49TH STREET NORTH
ST. PETERSBURG FL 33709

4140 49TH STREET NORTH
ST. PETERSBURG FL 33709

3. Date Incorporated or Qualified

03/06/1984

4. FEI Number

59-2649485

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
CD PRINSE, MARION
STREET ADDRESS
3111 GULF BLVD
CITY-ST-ZIP
ST PETE FL

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
VCD KOCH, JEFFREY
STREET ADDRESS
1429 SANDLEWOOD DR
CITY-ST-ZIP
DUNEDIN FL

1.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
S STEELE, SUSAN
STREET ADDRESS
376 18 AVE NE
CITY-ST-ZIP
ST PETE FL

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
SD PRINSE, MARION
STREET ADDRESS
100 N STARCREST DRIVE
CITY-ST-ZIP
CLEARWATER FL

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
D WEST, THOMAS
STREET ADDRESS
5401 34 STREET SOUTH
CITY-ST-ZIP
ST. PETERSBURG FL

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
D SWEATT, HELEN
STREET ADDRESS
1300 FIRST AVE N
CITY-ST-ZIP
ST PETE FL

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Marion Prinse

1-12-98 (812) 311-3110

CR2E037 (10/97)