

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 91386 040 ****61.25

DOCUMENT # N01787

1. Entity Name

MARRIAGE AND FAMILY COUNSELING OF PINELLAS, INC.

Principal Place of Business

Mailing Address

6798 CROSSWINDS DRIVE NO., SUITE B-102
 ST. PETERSBURG FL 33713

6798 CROSSWINDS DRIVE NO., SUITE B-102
 ST. PETERSBURG FL 33713

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2649485

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GLENN, ROBERT PHD
6798 CROSSWINDS DRIVE NO., SUITE B-102
ST. PETERSBURG FL 33713

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	C	<input type="checkbox"/> Delete
NAME	KOCH, JEFF	
STREET ADDRESS	1429 SANDLEWOOD DRIVE	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	S	<input type="checkbox"/> Delete
NAME	JONES, CAROL	
STREET ADDRESS	2314 WOODLAWN CIRCLE WEST	
CITY-ST-ZIP	ST PETERSBURG FL 33712	
TITLE	D	<input type="checkbox"/> Delete
NAME	BIERCHEN, JAMIE	
STREET ADDRESS	1495 PREMIER VILLAGE WAY	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRITT, LOUNELL	
STREET ADDRESS	701 94TH AVENUE NORTH	
CITY-ST-ZIP	ST PETERSBURG FL 33702	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARNES, GARY	
STREET ADDRESS	801 6TH STREET SOUTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	
TITLE	D	<input type="checkbox"/> Delete
NAME	OTTINGER, MALINDA	
STREET ADDRESS	8600 GULF BOULEVARD	
CITY-ST-ZIP	ST PETE BEACH FL 33706	

TITLE	Vice Chair	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Chair	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Britt, Lounell	
STREET ADDRESS	3525 27th Avenue South	
CITY-ST-ZIP	St. Petersburg, FL 33711	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 exemption stated in Section 119.07(3)(i), 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:

[Handwritten Signature] 3/11/02 3219444

CR2E037 (9/01)