

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01787

FILED
Jan 22, 2004
Secretary of State**Entity Name:** MARRIAGE AND FAMILY COUNSELING OF PINELLAS, INC.**Current Principal Place of Business:**6798 CROSSWINDS DRIVE NO., SUITE B-102
ST. PETERSBURG, FL 33713**New Principal Place of Business:****Current Mailing Address:**6798 CROSSWINDS DRIVE NO., SUITE B-102
ST. PETERSBURG, FL 33713**New Mailing Address:****FEI Number:** 59-2649485**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**GLENN, ROBERT PHD
6798 CROSSWINDS DRIVE NO., SUITE B-102
ST. PETERSBURG, FL 33713 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** VC () Delete
Name: KOCH, JEFF
Address: 1429 SANDLEWOOD DRIVE
City-St-Zip: DUNEDIN, FL 34698**Title:** S () Delete
Name: JONES, CAROL
Address: 2314 WOODLAWN CIRCLE WEST
City-St-Zip: ST PETERSBURG, FL 33712**Title:** D () Delete
Name: BIERCHEN, JAMIE
Address: 1495 PREMIER VILLAGE WAY
City-St-Zip: CLEARWATER, FL 33764**Title:** C () Delete
Name: BRITT, LOUNELL
Address: 701 94TH AVENUE NORTH
City-St-Zip: ST PETERSBURG, FL 33702**Title:** D () Delete
Name: CARNES, GARY
Address: 801 6TH STREET SOUTH
City-St-Zip: ST. PETERSBURG, FL 33701**Title:** D () Delete
Name: OTTINGER, MALINDA
Address: 8600 GULF BOULEVARD
City-St-Zip: ST PETE BEACH, FL 33706**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
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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 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 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: LOUNELL BRITT

CHAI

01/22/2004

Electronic Signature of Signing Officer or Director

Date