

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01787

FILED
Jan 14, 2005
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:

6798 CROSSWINDS DRIVE NO., SUITE B-102
ST. PETERSBURG, FL 33710

Current Mailing Address:

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

New Mailing Address:

6798 CROSSWINDS DRIVE NO., SUITE B-102
ST. PETERSBURG, FL 33710

FEI Number: 59-2649485

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

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:

CLOMAN, PHYLLIS A LCSW
6798 CROSSWINDS DRIVE NO., SUITE B-102
ST. PETERSBURG, FL 33710 US

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: PHYLLIS A. CLOMAN, LCSW

01/14/2005

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
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: PERRY, TOBY E
Address: 12090 STARKEY ROAD
City-St-Zip: LARGO, FL 33773

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

C

01/14/2005

Electronic Signature of Signing Officer or Director

Date