2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2008
Secretary of State

DOCUMENT# N01787

Entity Name: MARRIAGE AND FAMILY COUNSELING OF PINELLAS, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

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:

CLOMAN, PHYLLIS A LCSW
6798 CROSSWINDS DRIVE NO.,
SUITE B-102
ST. PETERSBURG, FL 33710 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:	HOWARD, JUDITH	
Address:	1100 CLEARWATER-LARGO ROAD	
City-St-Zip:	LARGO, FL 33770	
Title:	S	( ) Delete
Name:	LENDERMAN, MARTHA	
Address:	7268 MOFFATT LANE	
City-St-Zip:	PINELLAS PARK, FL 33781	
Title:	D	( ) Delete
Name:	COUGHLIN, WENDY DR.	
Address:	1101 BELCHER ROAD, SUITE E	
City-St-Zip:	CLEARWATER, FL 33771	
Title:	C	( ) Delete
Name:	BRITT, LOUNELL	
Address:	701 94TH AVENUE NORTH	
City-St-Zip:	ST PETERSBURG, FL 33702	
Title:	D	( ) Delete
Name:	MOSKALUK, GARY	
Address:	1000 HIGHLANDS BOULEVARD	
City-St-Zip:	PALM HARBOR, FL 34684	
Title:	D	( ) Delete
Name:	PERRY, TOBY E	
Address:	9900 FRANK DRIVE WEST	
City-St-Zip:	SEMINOLE, FL 33776	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	S	(X) Change ( ) Addition
Name:	MILLER, DENISE	
Address:	2350 22ND AVENUE SOUTH	
City-St-Zip:	ST. PETERSBURG, FL 33712	
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:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: PHYLLIS A. CLOMAN ED 01/04/2008

Electronic Signature of Signing Officer or Director — Date