

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01787

FILED  
Jan 23, 2009  
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 33710 US

**New Principal Place of Business:**

5180 62ND AVENUE NORTH  
PINELLAS PARK, FL 33781 US

**Current Mailing Address:**

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

**New Mailing Address:**

5180 62ND AVENUE NORTH  
PINELLAS PARK, FL 33781 US

**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:**

CLOMAN, PHYLLIS A LCSW  
5180 62ND AVENUE NORTH  
PINELLAS PARK, FL 33781 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

01/23/2009

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: MILLER, DENISE  
Address: 2350 22ND AVENUE SOUTH  
City-St-Zip: ST. PETERSBURG, FL 33712

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 (X) 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: ( ) 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:

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

01/23/2009

Electronic Signature of Signing Officer or Director

Date