## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N01787

1. Entity Name

MARRIAGE AND FAMILY COUNSELING OF PINELLAS, INC.



FILED Feb 04, 2003 8:00 am Secretary of State

02-04-2003 90109 020 \*\*\*\*61.25

Principal Place of Business 6798 CROSSWINDS DRIVE NO SUITE 8-102 ST. PETERSBURG FL 33713			ng Address CROSSWINDS DRIVE ETERSBURG FL 3371	e no Sui'	TE B-102	, 1881HB1 A11 B1	EEDE 11911 1990 2016 200	í áldir aldir któli éin		<b>1</b> 1
2. Principal Place of Business			lling Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			<del>-</del>	CHECK HERE IF MAKING CHANGES			
City & State			City & State			4. FEI Number 59-2649485			Applied Fo	
Zip Country Z			ip Country			5. Certificate of Status Desired				
6. Name and Address of Current Register			ed Agent	jent		7. Name and Add	ress of New Regi			
٤				Name		, , , , , , , , , , , , , , , , , , ,				
	ROBERT PHD OSSWINDS DRIVE NO., SUITE	s		Street Address (P.O. Box Number is Not Acceptable)						
ST. PETERSBURG FL 33713										$\neg$
					City			FL Zip (	Code	
8. The above the obliga	e named entity submits this statemen tions of registered agent.	it for the purp	ose of changing its	registere	d office or regis	stered agent, or both, in	the State of Florida	a. I am familiar w	ith, and acc	ept
SIGNATURE	· :									
SIGNATORIE	Signature, typed or printed name of registered a	gent and title if app	licable. (NOT	E: Registered	Agent signature requ	ired when reinstating)		DATE		- 1
• FILE NOW: FEE IS \$61.25  9. Election Camp Trust Fund Co						\$5.00 May Be Added to Fees		Check Payab Department o		
10.	OFFICERS AND DIRECTORS			11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	VC	☐ Delete TITL			,		☐ Chan		lition 3	
NAME	KOCH, JEFF			NAME						lition   8
STREET ADDRESS	1429 SANDLEWOOD DRIVE			STREE	T ADDRESS					
CITY-ST-ZIP	DUNEDIN FL 34698			CITY-5	ST-ZIP					
TITLE	S		☐ Delete TITLE					☐ Chan	ge 🔲 Add	fition
NAME	JONES, CAROL			NAME						1
STREET ADDRESS	2314 WOODLAWN CIRCLE WI	EST			T ADDRESS					İ
CITY-ST-ZIP	ST PETERSBURG FL 33712			CITY-S	ST-ZIP					
TITLE	D		☐ Delete	TITLE				☐ Chang	je 🔲 Addi	ition
NAME	BIERCHEN, JAMIE			NAME						
STREET ADDRESS CITY-ST-ZIP	1495 PREMIER VILLAGE WAY				T ADDRESS					
	CLEARWATER FL 33764			CITY-S	51 - ZIP					
TITLE	C		☐ Delete	TITLE				☐ Chang	je 🗌 Addi	ition
NAME STREET ADDRESS	BRITT, LOUNELL			NAME	1000000					1
CITY-ST-ZIP	701 94TH AVENUE NORTH ST PETERSBURG FL 33702			CITY-S	ADDRESS					Ì
	D			_	, EH					
TITLE NAME	CARNES, GARY		☐ Delete	TITLE NAMÉ	•			☐ Chang	e 🗌 Addi	tion
STREET ADDRESS	801 6TH STREET SOUTH				ADDRESS					-
CITY-ST-ZIP	ST. PETERSBURG FL 33701			CITY-S						
TITLE	D		☐ Delete	TITLE		···			ندامة 🔲 م	tion
NAME	OTTINGER, MALINDA		□ Delete	NAME				☐ Chang	e 🔲 Addi	uon
STREET ADDRESS	8600 GULF BOULEVARD				ADDRESS					
CITY-ST-ZIP	ST PETE BEACH FL 33706			CITY-S						
	- · · - · · · · · · · · · ·									1

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 receive 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.

SIGNATURÉ:

1/13/03 727321944