

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007459

FILED  
Apr 12, 2012  
Secretary of State

**Entity Name:** FLORIDA MENTAL HEALTH COUNSELORS ASSOCIATION INC.

**Current Principal Place of Business:**

5201 WEST KENNEDY BLVD  
110  
TAMPA, FL 33609

**New Principal Place of Business:**

**Current Mailing Address:**

C/O DEBBIE SHEARL PO BOX 5390  
CLEARWATER, FL 33758

**New Mailing Address:**

**FEI Number:** 59-3585118

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GIUNTA, STEPHEN DR.  
5201 WEST KENNEDY BLVD  
110  
TAMPA, FL 33609 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: DR  
Name: GIUNTA, STEPHEN  
Address: 5201 WEST KENNEDY BLVD #110  
City-St-Zip: TAMPA, FL 33609

Title: PD  
Name: CECIL-VAN DEN HEUVEL, DENNY DR.  
Address: 3540 FOREST HILL BLVD #112-B  
City-St-Zip: WEST PALM BEACH, FL 33406

Title: TD  
Name: LUTZO, MARY DR.  
Address: THE LEGAL BUILDING-447 3RD AVE N #402  
City-St-Zip: ST. PETERSBURG, FL 33701

Title: SD  
Name: ERWIN, KATHIE DR.  
Address: 305 ORANGEWOOD LAND  
City-St-Zip: LARGO, FL 33770

I hereby 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 all other like empowered.

SIGNATURE: DR. MARY D. LUTZO

TD

04/12/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date