

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001189

FILED
Apr 30, 2004
Secretary of State

Entity Name: FLORIDA ASSOCIATION OF PASTORAL COUNSELORS, INC.

Current Principal Place of Business:

2416 INDIAN TR. W.
PALM HARBOR, FL 34683

New Principal Place of Business:

1726 NEBRASKA AVE
PALM HARBOR, FL 34683

Current Mailing Address:

2416 INDIAN TR. W.
PALM HARBOR, FL 34683

New Mailing Address:

1726 NEBRASKA AVE
PALM HARBOR, FL 34683

FEI Number: 75-3103441

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAMILTON, CSROL A DR.
58 ROLLING FERN DR.
PALM COAST, FL 32164

Name and Address of New Registered Agent:

HAMILTON, CAROL A DR.
58 ROLLING FERN DR.
PALM COAST, FL 32164

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: DR. CAROL A. HAMILTON

04/30/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FAULKNER, MARGARET C DR.
Address: 2416 INDIAN TR. W.
City-St-Zip: PALM HARBOR, FL 34683

Title: VD () Delete
Name: MENDELSON, BARBARA A REV.
Address: 2748 BELLE HAVEN DR.
City-St-Zip: CLEARWATER, FL 33763

Title: SD () Delete
Name: HAMILTON, CAROL A DR.
Address: 58 ROLLING FERN DR.
City-St-Zip: PALM COAST, FL 32164

Title: TD () Delete
Name: JOSEPH, ERICA M REV.
Address: 342 E. FOXCROFT DR
City-St-Zip: PALM HARBOR, FL 34683

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change () Addition
Name: MOHR, V. KATHLEEN REV.
Address: 8047 HIXTON DR.
City-St-Zip: PORT RICHEY, FL 34668

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

Title: TD (X) Change () Addition
Name: FARAVASHI, NATALIE REV.
Address: 3748 SABLEWOOD DR
City-St-Zip: HOLIDAY, FL 34691

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: DR. MAGGIE C. FAULKNER

PD.

04/30/2004

Electronic Signature of Signing Officer or Director

Date