

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000002638

**FILED**  
**Apr 19, 2010**  
**Secretary of State**

**Entity Name:** COUNSELORS IN TRAINING, INC.

**Current Principal Place of Business:**

6819 EDGEWATER DR.  
ORLANDO, FL 32810

**New Principal Place of Business:**

**Current Mailing Address:**

6819 EDGEWATER DR.  
ORLANDO, FL 32810

**New Mailing Address:**

**FEI Number:** 20-4466751

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WHITE, W. GRAHAM  
390 N. ORANGE AVE., SUITE 1500  
ORLANDO, FL 32801 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:** PD  
**Name:** HOLLOWAY, RAYMOND R  
**Address:** 6819 EDGEWATER DR.  
**City-St-Zip:** ORLANDO, FL 32810

**Title:** VSD  
**Name:** HOLLOWAY, GRACE H  
**Address:** 6819 EDGEWATER DR.  
**City-St-Zip:** ORLANDO, FL 32810

**Title:** D  
**Name:** HOLLOWAY, MICHAEL R  
**Address:** 1216 LAKE BLUE CIRCLE  
**City-St-Zip:** APOPKA, FL 32703

**Title:** TD  
**Name:** FRAZIER, DENNIS  
**Address:** 6819 EDGEWATER DR.  
**City-St-Zip:** ORLANDO, FL 32810

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:** RAYMOND R HOLLOWAY

PD

04/19/2010

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

\_\_\_\_\_  
Date