

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007490

FILED  
Jan 07, 2008  
Secretary of State

**Entity Name:** FLORIDA SCHOOL COUNSELOR ASSOCIATION, INC.

**Current Principal Place of Business:**

4922 SW 26TH PL  
CAPE CORAL, FL 33914

**New Principal Place of Business:**

**Current Mailing Address:**

4922 SW 26TH PL  
CAPE CORAL, FL 33914

**New Mailing Address:**

**FEI Number:** 20-5209244

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SABELLA, RUSSELL A  
4922 SW 26TH PL  
CAPE CORAL, FL 33914 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: P ( ) Delete  
Name: BANKS-QUINN, SHANSHERA  
Address: 523 SABLE POINTE AVE.  
City-St-Zip: SEFFNER, FL 33584

Title: PP ( ) Delete  
Name: GERMUSKA, KATE  
Address: 2512 WOODCOTE TERRACE  
City-St-Zip: PALM HARBOR, FL 34685

Title: P-EL ( ) Delete  
Name: ISAACS, MADELYN  
Address: 12555 GRANDEZZA CIRCLE  
City-St-Zip: ESTERO, FL 33928

Title: VP ( ) Delete  
Name: POLLARD, LEEANN  
Address: 404 ST. JOHNS BLUFF RD. N.  
City-St-Zip: JACKSONVILLE, FL 32225

Title: VP ( ) Delete  
Name: TER MAAT, MERCEDES  
Address: 2050 SE 18TH STREET  
City-St-Zip: LAUDERDALE BY THE SEA, FL 33062

Title: VP ( ) Delete  
Name: SABELLA, RUSSELL A  
Address: 4922 SW 26TH PL  
City-St-Zip: CAPE CORAL, FL 33914

**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: RUSSELL A. SABELLA

DR.

01/07/2008

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

\_\_\_\_\_  
Date