2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007490

FILED Feb 21, 2009 Secretary of State

Entity Name: FLORIDA SCHOOL COUNSELOR ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

4922 SW 26TH PL CAPE CORAL, FL 33914

Current Mailing Address: New Mailing Address:

4922 SW 26TH PL CAPE CORAL, FL 33914

FEI Number: 20-5209244 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

SABELLA, RUSSELL A 4922 SW 26TH PL CAPE CORAL, FL 33914 US

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition Name: BANKS-QUINN, SHANSHERA Name: GERTEL, SUSAN

Address: 523 SABLE POINTE AVE. Address: 4621 CRANSTON PLACE
City-St-Zip: SEFFNER, FL 33584 City-St-Zip: ORLANDO, FL 32812

Title: PP () Delete Title: PP (X) Change () Addition

 Name:
 GERMUSKA, KATE
 Name:
 MADELYN, ISAACS

 Address:
 2512 WOODCOTE TERRACE
 Address:
 12555 GRANDEZZA CIRCLE

 City-St-Zip:
 PALM HARBOR, FL 34685
 City-St-Zip:
 ESTERO, FL 33928

Title: P-EL () Delete Title: P-EL (X) Change () Addition

 Name:
 ISAACS, MADELYN
 Name:
 JENKINS, CURTIS

 Address:
 12555 GRANDEZZA CIRCLE
 Address:
 5944 SW 64 AVENUE

 City-St-Zip:
 ESTERO, FL 33928
 City-St-Zip:
 SOUTH MIAMI, FL 33143

Title: VP () Delete Title: VP (X) Change () Addition

 Name:
 POLLARD, LEEANN
 Name:
 REDCAY, SHIRLEY

 Address:
 404 ST. JOHNS BLUFF RD. N.
 Address:
 12101 SHADOW RUN BLVD

 City-St-Zip:
 JACKSONVILLE, FL 32225
 City-St-Zip:
 RIVERVIEW, FL 33569

 Name:
 TER MAAT, MERCEDES
 Name:

 Address:
 2050 SE 18TH STREET
 Address:

 City-St-Zip:
 LAUDERDALE BY THE SEA, FL 33062
 City-St-Zip:

Title: VP () Delete Title: VP (X) Change () Addition

 Name:
 SABELLA, RÜŚSELL A
 Name:
 KARALIA, BALDWIN

 Address:
 4922 SW 26TH PL
 Address:
 2076 WIDGEON AVE

 City-St-Zip:
 CAPE CORAL, FL 33914
 City-St-Zip:
 SAFETY HARBOR, FL 34695

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 SABELLA CD 02/21/2009