

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007490

FILED  
Jan 10, 2011  
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  
Name: DOLINSKY, SHARON  
Address: 361 SE 14 AVE.  
City-St-Zip: POPANO, FL 33060

Title: PP  
Name: JENKINS, CURTIS T  
Address: 2909 GIVERNY CIRCLE  
City-St-Zip: TALLAHASSEE, FL 32309

Title: P-EL  
Name: SMITH, CHRIS  
Address: 12555 GRANDEZZA CIRCLE  
City-St-Zip: ESTERO, FL 33928

Title: VP  
Name: SHOOK, JONI  
Address: 123 FAIRWAY OAKS DRIVE  
City-St-Zip: ORANGE PARK, FL 33569

Title: VP  
Name: FEDENKO, LAURIE  
Address: 2380 HIDDEN LAKE DRIVE  
City-St-Zip: PALM HARBOR DRIVE, FL 34683

Title: VP  
Name: SIMS, HOPE  
Address: 95 KNIGHTS HOLLOW DR.  
City-St-Zip: APOPKA, FL 32712

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: CURTIS T. JENKINS

PP

01/10/2011

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date