

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 04, 2008 8:00 am
Secretary of State

06-04-2008 90003 017 ****70.00

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1. Entity Name

BEHAVIORAL RESOURCE & COUNSELING CENTER INC.



Principal Place of Business

1644 NE 22 AVE.
OCALA FL 34470

Mailing Address

4091 NE 28 CT.
OCALA FL 34479



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

22-3947151

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

Name

Michelle Forsythe L.M.H.C.

Street Address (P.O. Box Number is Not Acceptable)

4091 NE 28 CT.

City

Ocala

FL

Zip Code

34479

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Michelle Forsythe, L.M.H.C., Director-President

Signature, typed (printed) name of registered agent and title (if applicable).

(NOTE: Registered Agent signature required when reappointing)

5/23/08

DATE

FILE NOW! FEE IS \$61.25
Due By: May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	FORSYTHE, MICHELLE	
STREET ADDRESS	1644 NE 22 AVE.	
CITY-ST-ZIP	OCALA FL 34470	
TITLE	DVT	<input type="checkbox"/> Delete
NAME	FORSYTHE, EDWARD	
STREET ADDRESS	1644 NE 22 AVE.	
CITY-ST-ZIP	OCALA FL 34470	
TITLE	DS	<input type="checkbox"/> Delete
NAME	FORSYTHE, JENNIFER	
STREET ADDRESS	1644 NE 22 AVE.	
CITY-ST-ZIP	OCALA FL 34470	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Michelle Forsythe, L.M.H.C.

5/23/08

(352) 624-3501