2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 19, 2009
Secretary of State

DOCUMENT# N06000011853

Entity Name: BEHAVIORAL RESOURCE & COUNSELING CENTER INC.

Current Principal Place of Business:

1644 NE 22 AVE.
OCALA, FL 34470

New Principal Place of Business:

1541 NE 22ND AVE
OCALA, FL 34470

Current Mailing Address:

4091 NE 28 CT.
OCALA, FL 34479

New Mailing Address:

FEI Number: 22-3947151 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

FORSYTHE, MICHELLE LMHC
4091 NE 28 CT.
OCALA, FL 34479 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: DP ( ) Delete
Name: FORSYTHE, MICHELLE
Address: 1644 NE 22 AVE.
City-St-Zip: OCALA, FL 34470

Title: DVT ( ) Delete
Name: FORSYTHE, EDWARD
Address: 1644 NE 22 AVE.
City-St-Zip: OCALA, FL 34470

Title: DS ( ) Delete
Name: FORSYTHE, JENNIFER
Address: 1644 NE 22 AVE.
City-St-Zip: OCALA, FL 34470

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: FORSYTHE, MICHELLE
Address: 1541 NE 22ND AVE
City-St-Zip: OCALA, FL 34470

Title: DVT (X) Change ( ) Addition
Name: FORSYTHE, EDWARD
Address: 1541 NE 22ND AVE
City-St-Zip: OCALA, FL 34470

Title: DS (X) Change ( ) Addition
Name: FORSYTHE, JENNIFER
Address: 1541 NE 22ND AVE
City-St-Zip: OCALA, FL 34470

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: MICHELLE FORSYTHE DP 08/19/2009

Electronic Signature of Signing Officer or Director — Date