

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000003156

FILED
Jun 02, 2008
Secretary of State

Entity Name: CENTER FOR TRANSFORMATIVE COUNSELING, INC.

Current Principal Place of Business:

818 THOMAS STREET
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

818 THOMAS STREET
KEY WEST, FL 33040

New Mailing Address:

FEI Number: 46-0489777 **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:

BECKER, RANDOLPH W
818 THOMAS STREET
KEY WEST, FL 33040 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: BECKER, RANDOLPH W
Address: 818 THOMAS STREET
City-St-Zip: KEY WEST, FL 33040

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SEC () Change (X) Addition
Name: GISH, JOHN
Address: 1647 BRUNSON CT
City-St-Zip: KEY WEST, FL 33040

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: RANDOLPH W BECKER

P

06/02/2008

Electronic Signature of Signing Officer or Director

Date