

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006129

FILED
Jul 07, 2008
Secretary of State

Entity Name: FLORIDA ASSOCIATION FOR COUNSELING & EDUCATION, INC.

Current Principal Place of Business:

1450 STATE ROAD 434
SUITE 102
LONGWOOD, FL 32750 US

New Principal Place of Business:

Current Mailing Address:

123 TOLLGATE TRAIL
LONGWOOD, FL 32750 US

New Mailing Address:

FEI Number: 51-0640486 **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:

Name and Address of New Registered Agent:

LAIRD, CHERYL F
123 TOLLGATE TRAIL
LONGWOOD, FL 32750 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:

Title: P () Delete
Name: LAIRD, CHERYL F
Address: 123 TOLLGATE TRAIL
City-St-Zip: LONGWOOD, FL 32750 US

Title: S/TR () Delete
Name: LOCKIE, CINDY A
Address: 89 S. WINTER PARK DRIVE
City-St-Zip: CASSELBERRY, FL 32707 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: CINDY A. LOCKIE

S/TR

07/07/2008

Electronic Signature of Signing Officer or Director

Date