

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000004710

FILED  
Apr 14, 2009  
Secretary of State

**Entity Name:** DISCOVERY COUNSELING OF ORLANDO, INC.

**Current Principal Place of Business:**

320 CROWN OAK CENTRE DRIVE  
LONGWOOD, FL 32750 US

**New Principal Place of Business:**

**Current Mailing Address:**

575 FIRST CAPE CORAL DRIVE  
WINTER GARDEN, FL 34787 US

**New Mailing Address:**

**FEI Number:** 26-2604602

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BLANCHARD, ANDREW P  
575 FIRST CAPE CORAL DRIVE  
WINTER GARDEN, FL 34787 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: BLANCHARD, DARBY J  
Address: 575 FIRST CAPE CORAL DRIVE  
City-St-Zip: WINTER GARDEN, FL 34787 US

Title: VP ( ) Delete  
Name: BLANCHARD, ANDREW P  
Address: 575 FIRST CAPE CORAL DRIVE  
City-St-Zip: WINTER GARDEN, FL 34787 US

Title: ST ( ) Delete  
Name: FITZGERALD, MEREDITH  
Address: 575 FIRST CAPE CORAL DRIVE  
City-St-Zip: WINTER GARDEN, FL 34787 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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: ANDREW P BLANCHARD

VP

04/14/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date