

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000005494

FILED
Mar 21, 2009
Secretary of State

Entity Name: THE MISSING PIECE OF COUNSELING & WELL-BEING, INC.

Current Principal Place of Business:

425 S. ORLEANS AVE
TAMPA, FL 33606

New Principal Place of Business:

Current Mailing Address:

425 S. ORLEANS AVE.
TAMPA, FL 33606

New Mailing Address:

425 S. ORLEANS AVE
TAMPA, FL 33606

FEI Number: 26-2758791

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAHANEY, ELIZABETH A
425 S. ORLEANS AVE.
TAMPA, FL 33606 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: PD () Delete
Name: MAHANEY, ELIZABETH A
Address: 425 S. ORLEANS AVE.
City-St-Zip: TAMPA, FL 33606

Title: VPD () Delete
Name: SCAFF, MARVIN D
Address: 425 S. ORLEANS AVE.
City-St-Zip: TAMPA, FL 33606

Title: TD () Delete
Name: WINN, MARY S
Address: 3502 SHORE DR.
City-St-Zip: SAFETY HARBOR, FL 34695

Title: D () Delete
Name: WINN, ROBERT D
Address: 3502 SHORE DR.
City-St-Zip: SAFETY HARBOR, FL 34695

Title: SD () Delete
Name: CARR, ALY
Address: 609 S. GLEN AVE, UNIT E
City-St-Zip: TAMPA, FL 33609

Title: D () Delete
Name: LARSON, ARLAN
Address: 1203 COUNTY TRAILS DR.
City-St-Zip: SAFETY HARBOR, FL 34695

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:

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: MARVIN SCAFF

VPD

03/21/2009

Electronic Signature of Signing Officer or Director

Date