FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -5 PM 3:15

DOCUMENT # **N23165** **(6)**

1. Corporation Name

SELF AWARENESS COUNSELING CENTER, INC.

Principal Place of Business	Mailing Address
% CARMEN L. LEON 2901 KINYON AVE TAMPA FL 33602 US	% CARMEN L. LEON 2901 KINYON AVE TAMPA FL 33602 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/01/1987
3a. Date of Last Report: 04/20/1994
4. FEI Number: 59-2902813 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

LEON, CARMEN L
2901 KINYON AVE
TAMPA FL 33602

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PDT	1.1 TITLE		☐ Change ☐ Addition
NAME	LEON, CARMEN L	1.2 NAME		
STREET ADDRESS	2901 KINYON AVENUE	1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP		
TITLE	SDV	2.1 TITLE		☑ Change ☐ Addition
NAME	BROWN, THOMAS DEWEY	2.2 NAME		
STREET ADDRESS	~~4900 W. LEONA AVENUE~~	2.3 STREET ADDRESS	2118 Cortez Avenue	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	Tampa, FL. 33629	
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	LOGAN, WILLIAM PATRICK	3.2 NAME		
STREET ADDRESS	1880 PINE GROVE RD	3.3 STREET ADDRESS		
CITY-ST-ZIP	MULBERRY FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	GARCIA, DAVID S	4.2 NAME		
STREET ADDRESS	12605 RAIN FOREST ST	4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☑ Change ☐ Addition
NAME	VENNETT, MARK T.	5.2 NAME		
STREET ADDRESS	6011 W. FERN	5.3 STREET ADDRESS	8025 Jackson Springs Road	
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	Tampa, FL 33615	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Thomas Dewey Brown, V.P 3/30/95 813-831-6707
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Thomas Dewey Brown