

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90220 026 ****70.00

DOCUMENT # N23165

1. Corporation Name

SELF AWARENESS COUNSELING CENTER, INC.

Principal Place of Business

% CARMEN L. LEON
2901 KINYON AVE
TAMPA FL 33602
US

Mailing Address

% CARMEN L. LEON
2901 KINYON AVE
TAMPA FL 33602
US

536808 - 90220 - 26



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country

3. Date Incorporated or Qualified

11/01/1987

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

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE

NAME
LEON, CARMEN L
STREET ADDRESS
2901 KINYON AVENUE
CITY-ST-ZIP
TAMPA FL

DELETE

1.2 TITLE

NAME
SDV
BROWN, THOMAS DEWEY
STREET ADDRESS
2118 CORTEZ AVE
CITY-ST-ZIP
TAMPA FL

DELETE

1.3 TITLE

NAME
D
LOGAN, WILLIAM PATRICK
STREET ADDRESS
1880 PINE GROVE RD
CITY-ST-ZIP
MULBERRY FL

DELETE

1.4 TITLE

NAME
D
GARCIA, DAVID S
STREET ADDRESS
12805 RAIN FOREST ST
CITY-ST-ZIP
TAMPA FL

DELETE

1.5 TITLE

NAME
D
VENNETT, MARK T.
STREET ADDRESS
8025 JACKSON SPRINGS RD
CITY-ST-ZIP
TAMPA FL

DELETE

1.6 TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Change Addition

2.1 TITLE

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

Thomas Dewey Brown V. P. R. E. D. Thomas Dewey Brown 4/30/99 813-250-9054

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)