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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 23 PM 3:32

DOCUMENT # **N29673** **(3)**

1. Corporation Name
COUNSELING SERVICES CENTER, INC.

Principal Place of Business	Mailing Address
2261 STATE ROAD 580 P.O. BOX 8067 CLEARWATER FL 34618-5067	2261 STATE ROAD 580 P.O. BOX 8067 CLEARWATER FL 34618-5067

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/13/1988**
3a. Date of Last Report: **02/15/1994**
4. FEI Number: **59-2920124** ☐ 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 / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

STOGNIEW, GERALD F.
12225 28TH STREET NORTH
ST. PETERSBURG FL 33716

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD STOGNIEW, GERALD F 12225 28TH STREET N. ST. PETERSBURG FL	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD PELLEGRINO, JOSEPH A 12225 28TH ST., N. ST. PETERSBURG FL	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~DAVIS, VICKI B.~~ ~~704 FAIRWOOD LANE~~ RESIGNED ~~CLEARWATER FL~~	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☒ Addition DIRECTOR MARY MOORE 2261 STATE ROAD 580 CLEARWATER, FL 34618-5067
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DRAGER, JOHN M 10225 ULMERTON ROAD, #8B LARGO FL	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~DRAEGER, VICKI~~ ~~10225 ULMERTON ROAD, #8B~~ RESIGNED ~~LARGO FL~~	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD O'REILLY, LAURIE A 12225 28TH ST., N. ST PETERSBURG FL	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

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: GERALD F. STOGNIEW, ASSISTANT G. F. Stogniew 1/26/95 813-572-7400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #

000327