


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2006 08:00 AM
Secretary of State

DOCUMENT # N35333 1. Entity Name FLORIDA COUNSELING FOUNDATION, INC.	
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Principal Place of Business % ROGER SHEPHERD 258 WILSHIRE BLVD. CASSELBERRY, FL 32707	Mailing Address % ROGER SHEPHERD 258 WILSHIRE BLVD. CASSELBERRY, FL 32707
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DO NOT WRITE IN THIS SPACE



07052006 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2978350	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHEPHERD, ROGER
3125 GOLDEN GEM ROAD
APOPKA, FL 32712

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reissuing) DATE _____

Filing Fee is \$61.25 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D URICHKO, KEVIN 530 DOG TRACK RD LONGWOOD, FL 32750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARMSTRONG, DEBBIE 135 LAMORAK LANE MAITLAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHEPHERD, ROGER P. 3125 GOLDEN GEM ROAD APOPKA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D D'AUTO, BILL 1077 LAKESIDE DRIVE APOPKA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST RUSSELL, MELVIN 1067 WHISPERING POINT CASSELBERRY, FL 32707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SNYDER, THOMAS J 435 CROSSBEAN CIRCLE E CASSELBERRY, FL 32707

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07/14/06-80009-020 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  Pres./Director 07/12/06 407/831-2991

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #