

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 23, 2007 08:00 AM
Secretary of State

DOCUMENT # N35333

1. Entity Name
FLORIDA COUNSELING FOUNDATION, INC.



Principal Place of Business
% ROGER SHEPHERD
258 WILSHIRE BLVD.
CASSELBERRY, FL 32707

Mailing Address
% ROGER SHEPHERD
258 WILSHIRE BLVD.
CASSELBERRY, FL 32707



07092007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

**DO NOT WRITE
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

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

**DO NOT WRITE
IN THIS SPACE**

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:

Roger Shepherd
Roger Shepherd, Pres./Director

7/18/07 407/831-

By _____, Secretary of State

Daytime Phone # 2991