2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# N35333

Entity Name: FLORIDA COUNSELING FOUNDATION, INC.

Current Principal Place of Business:

% ROGER SHEPHERD
258 WILSHIRE BLVD.
CASSELBERRY, FL 32707

New Principal Place of Business:

Current Mailing Address:

% ROGER SHEPHERD
258 WILSHIRE BLVD.
CASSELBERRY, FL 32707

New Mailing Address:

FEI Number: 59-2978350 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHEPHERD, ROGER
3125 GOLDEN GEM ROAD
APOPKA, FL 32712 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	URICHKO, KEVIN	
Address:	530 DOG TRACK RD	
City-St-Zip:	LONGWOOD, FL 32750	
Title:	D	( ) Delete
Name:	ARMSTRONG, DEBBIE,	
Address:	135 LAMORAK LANE	
City-St-Zip:	MAITLAND, FL	
Title:	PD	( ) Delete
Name:	SHEPHERD, ROGER P.,	
Address:	3125 GOLDEN GEM ROAD	
City-St-Zip:	APOPKA, FL	
Title:	D	( ) Delete
Name:	D'AIUTO, BILL	
Address:	1077 LAKESIDE DRIVE	
City-St-Zip:	APOPKA, FL	
Title:	ST	( ) Delete
Name:	RUSSELL, MELVIN	
Address:	1067 WHISPERING POINT	
City-St-Zip:	CASSELBERRY, FL 32707	
Title:	D	( ) Delete
Name:	SNYDER, THOMAS J	
Address:	435 CROSSBEAN CIRCLE E	
City-St-Zip:	CASSELBERRY, FL 32707	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROGER SHEPHERD PRES 04/29/2008
Electronic Signature of Signing Officer or Director — Date