## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## **DOCUMENT # N37836**

THE COUNSELOR ASSOCIATION, INC.

Principal Place of Business Mailing Address										
1457 BRAMPTO	ON COVE	1457 BRAMPTON COVE	1457 BRAMPTON COVE							
WELLINGTON		WELLINGTON							IBII BIBII IBBI	
WEST PALM BEACH FL 33414 WEST PALM BEACH FL 3			114				# 18811:0: 430 lill 1860: Jaco Julia alii ale		INCHESTRAL PORT	
						_	D. L. D. Ward	<del></del>	<del></del> 1	
2. Principal P	Place of Business	2a. Mailing Address	Mailing Address			3. Date Incorporated or Qualifed 04/24/1990				
21		26				L.	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					FEI Number	<del> </del>	pplied For	
22	· · · · · · · · · · · · · · · · · · ·	27				L	<b>65</b> -0189137		ot Applicable	
City & Stat	le	City & State				5.	Certificate of Status Desired		Additional	
23		28							equired	
Zip	Country .	Zip	Cou	intry		6.	Election Campaign Financing		May Be	
24	25	29	0				Trust Fund Contribution		to Fees	
	9. Name and Address of Curren	nt Registered Agent		l		10.	Name and Address of New Registe	red Agent		
				81	Name				ļ	
VAILIDOES	L DAVMOND D			100	Chunch Addung	(D	O. Box Number is Not Acceptable)			
KNUDSEN, RAYMOND B.				82 Street Addr			O. Box Nutriber is Not Acceptable)			
1457 BRAMPTON COVE				83						
WELLINGTON			T							
WEST PALM BEACH FL 33414				84 City FL 85 Zip C				Code		
				┷					s registered	
					named corpor	rauoi is bo	n submits this statement for the purpos pard of directors. I hereby accept the a	ppointment as	egistered	
agent. I a	am familiar with, and accept the obliga	itions of, Section 617.0503, Flori	da Stat	tutes.		-	•			
SIGNATURE	, *						· · · · · · · · · · · · · · · · · · ·		<del></del> _	
SIGNATORE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE:		Agent a	signature required v			T	ODC IN 42	
12.	OFFICERS AN	ID DIRECTORS	13.				ADDITIONS/CHANGES TO OFFICERS			
TITLE	D	DELETE		1.1 TITLE				☐ Change	☐ Addition	
NAME	KNUDSEN, RAYMOND B		1.2 N	AME						
STREET ADDRESS	1457 BRAMPTON COVE		1.3 \$	TREET A	ADDRESS		•			
CITY-ST-ZIP	WEST PALM BEACH FL		1.4 CI	ITY-ST-	ZIP		<u> </u>			
TITLE	D DELETE		2.1 TITLE					☐ Change	☐ Addition	
NAME	MANSFIELD, JOHN W.		2.2 N	AME			•			
STREET ADORESS					ADDRESS		and the second s			
•	LAKELAND FL 33809			CITY-ST-	-			<del></del> -	-	
CITY-ST-ZIP	<del></del>	☐ DELETE	3.1 Ti			-		Change	Addition	
TITLE	D MADY A		3.2 N							
NAME	KNUDSEN, MARK A.				1000500				İ	
STREET ADDRESS	1				ADDRESS		• • • • • • • • • • • • • • • • • • • •	× .	İ	
CITY-ST-ZIP	MALBORO, NJ 07746		-	ATY-ST	-ZIP			∏ Change	Addition	
TITLE	D	☐ DELETE	4.1 Ti	MLE				change	L AUGUOU	
NAME	KNUDSEN, DIOSDADA		4, 2 N	NAME	-			•		
STREET ADDRESS	94 DUTCH LANE RD		4.3 S	TREET	ADDRESS				'	
CITY-ST-ZIP	MARLBORO NJ		4.4 C	TY-ST-	ZIP		·			
TITLE		☐ DELETE	5.1 T	TILE			•	☐ 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.

6,4 CITY-ST-ZIP

52 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

DR. RAYMOND B. KNUDSEN 1457 Brampton Cove

Addition

☐ Change

Apr 14, 1999 8:00 am § Secretary of State

04-14-1999 90112 045 \*\*\*\*61.25