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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT #

N39520

(4)

THE BRANCHES COUNSELOR'S ASSOCIATION, INC.

Principal Place of Business Mailing Address 12630 HUNTERS RIDGE DRIVE 12630 HUNTERS RIDGE DRIVE	
12630 HUNTERS RIDGE DRIVE 12630 HUNTERS RIDGE DRIVE	MA COULD TRIBL BILLIO HAN 18814 BIRIT RIBIT RIBIT RIBIT RIBIT RESIE 1881.
BONITA SPRINGS FL 33923 BONITA SPRINGS FL 33923	
3. Date Incorp. 08/09/	ovated or Qualified 3a. Date of Last Report 01/20/1995
2. Principal Place of Business 2a. Mailing Address 4. FEI Number 65-02	12497 Applied For Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of	Status Desired S8.75 Additional Fee Required
City & State City & State 6. Election Carr 23 28 Trust Fund C	npaign Financing \$5.00 May Be Added to Fees
Zip Country Zip Country 8. This corpora 24 25 29 30 Florida Stetu	tion has liability for intangible tax under s. 199.032, Ites Yes 🔼 No
	Address of New Registered Agent
81 Name	
QUINLAN, WILLIAM J. 12630 HUNTERS RIDGE DR. 82 Street Address (P.O. Box Numb	per is Not Acceptable)
BONITA SPRINGS FL 33923	
64 City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this stor registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I here familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.	tatement for the purpose of changing its registered office aby accept the appointment as registered agent. I am
rammar with, and accept the obligations of, Section of ricosos, Florida Statutes.	
SIGNATURE	
SIGNATURE Signature, typed or printed name of registered agent and title 4 applicable (NOTE: Registered Agent signature required when renatating)	DATE DATE OLIANOFO TO OFFICERS AND DIRECTORS IN 12
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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)(k), 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 charged, or on an attachment with an address.

SIGNATURE

Milliam F. Seumiam

GNATURE AND TYPED OR PRINCED NAME OF SIGNING OFFICER OR DIRECTOR

941-992-3758 Daylime Phone •