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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N39520

1. Corporation Name

THE BRANCHES COUNSELOR'S ASSOCIATION, INC.

Principal Place of Business 12630 HUNTERS RIDGE DRIVE BONITA SPRINGS FL 34135

Mailing Address

12630 HUNTERS RIDGE DRIVE BONITA SPRINGS FL 33923

FILED Jan 27, 1999 8:00am **Secretary of State**

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			*** 4E00 I	Torida Statutes	the abo	ve-named o	corporation su	ibmits this state	ment tor in hereby acc	ept the app	ointme	nt as regis	ered
11. Pursuant to	the provisions of Sections 617.0	0502 and	617,1508, I	hange was auth	orized b	y the corpor	ration's board	I of directors. 14	ilcios) ===			٠,	. **
office or re	the provisions of Sections 617.0 gistered agent, or both, in the Sta familiar with, and accept the obl	ate of Fior	of, Section 6	517.0503, Florid	a Statute	BS.							
😘 agent. I am	Tamillar Willi, and docopt and	Ū					avised when rains	stating)		DATE			2 181 12
SIGNATURE _	Signature, typed or printed name of registered	agent and tit	tle if applicable.	(NOTE: Re		gent signature re	equired when reins	stating) DITIONS/CHAN	IGES TO C	FFICERS	AND D	RECTOR	5 IN IZ
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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 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 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 indicated on this annual report or supplemental annual report or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in 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.

SIGNATITE: