



# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 16, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N39520</b> 1. Entity Name <b>THE BRANCHES COUNSELOR'S ASSOCIATION, INC.</b>					
Principal Place of Business <b>12630 HUNTERS RIDGE DRIVE BONITA SPRINGS FL 34135 US</b>			Mailing Address <b>12630 HUNTERS RIDGE DRIVE BONITA SPRINGS FL 34135 US</b>		
2. Principal Place of Business  Suite, Apt #, etc.		3. Mailing Address  Suite, Apt #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-0212497</b> <div style="float: right; text-align: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent  <b>QUINLAN, WILLIAM J. 12630 HUNTERS RIDGE DR. BONITA SPRINGS FL 33923</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make Check Payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DP</b> <b>QUINLAN, JANICE M</b> <b>12630 HUNTERS RIDGE DR.</b> <b>BONITA SPRINGS FL 34135</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center;"> <b>U000000030055</b>  <b>03/16/04-80015-015 61.25</b> </div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DST</b> <b>QUINLAN, JANICE M.</b> <b>12630 HUNTERS RIDGE DR.</b> <b>BONITA SPRINGS FL</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DV</b> <b>GUTIERREZ, SANDRA L.</b> <b>22068 SEASHORE CIR.</b> <b>ESTERO FL</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. 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 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:** *Janice M. Quinlan* *Janice M. Quinlan* *3-4-04* *239-998-3758*