

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N47409

**FILED**  
**Jan 30, 2012**  
**Secretary of State**

**Entity Name:** INSTITUTE FOR PASTORAL COUNSELING & RELATIONSHIP THERAPY, INC.

**Current Principal Place of Business:**

1133 LOUISIANA AVE.  
SUITE 209  
WINTER PARK, FL 32789 US

**New Principal Place of Business:**

**Current Mailing Address:**

1133 LOUISIANA AVE.  
SUITE 209  
WINTER PARK, FL 32789 US

**New Mailing Address:**

**FEI Number:** 59-3114957

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BROWN, RICHARD S.  
1133 LOUISIANA AVE.  
SUITE 209  
WINTER PARK, FL 32789 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  
Name: BROWN, RICHARD S.  
Address: 1330 MAGNOLIA BAY CT  
City-St-Zip: MAITLAND, FL 32751

Title: D  
Name: BROWN, CELESTE  
Address: 1330 MAGNOLIA BAY CT  
City-St-Zip: MAITLAND, FL 32751

I hereby 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 all other like empowered.

SIGNATURE: RICHARD S BROWN

CEO

01/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date