

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

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90183 041 ****61.25

DOCUMENT # N93000004131

1. Entity Name

COUNSELING AND EDUCATION ASSOCIATES, INC.



Principal Place of Business

313 NE 9TH ST
GAINESVILLE FL 32601
US

Mailing Address

313 N.E. 9TH ST
GAINESVILLE FL 32601
US

14020310



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3202083

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FITZPATRICK, FRANCIS P
313 N.E. 9TH ST
GAINESVILLE FL 32601

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Francis P. Fitzpatrick

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-30-04

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	FAULKNER, LARRY	
STREET ADDRESS	3540 SW ARCHER RD, LOR 112	
CITY-ST-ZIP	GAINESVILLE FL 32608	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PEARCE, MARCIA	
STREET ADDRESS	818 NW 19TH AVE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	ROBERT, RHEA	
STREET ADDRESS	2935 NW 23RD DRIVE	
CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE	BM	<input checked="" type="checkbox"/> Delete
NAME	MURRAY, LINDA	
STREET ADDRESS	307 NE 9TH ST	
CITY-ST-ZIP	GAINESVILLE FL 32601	
TITLE	T	<input type="checkbox"/> Delete
NAME	EPPLER, KAREN	
STREET ADDRESS	1236 NE 19TH PL	
CITY-ST-ZIP	GAINESVILLE FL 32609	
TITLE	TV SPD	<input type="checkbox"/> Delete
NAME	FITZPATRICK, FRANCIS P	
STREET ADDRESS	313 NE 19TH ST	
CITY-ST-ZIP	GAINESVILLE FL 32601	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAN FITZPATRICK	
STREET ADDRESS	1236 N.E. 9TH ST.	
CITY-ST-ZIP	GAINESVILLE, FLA. 32601	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Francis P. Fitzpatrick

Date

Daytime Phone #

4-30-04 326-2133