## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N93000004131

FILED Aug 26, 2007 Secretary of State

Entity Name: COUNSELING AND EDUCATION ASSOCIATES. INC

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Current Pri	ncipal Place of Business:	New Princi	pal Place of Business:
313 NE 9TH GAINESVILI	HST LE, FL 32601 US		
Current Mailing Address:		New Mailir	ng Address:
313 N.E. 9T GAINESVILI	HST LE, FL 32601 US		
FEI Number: 59-3202083 FEI Number Applied For ( ) FEI Number Not Applicable In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  Name and Address of Current Registered Agent: Name and Address			
313 N.E. 9T GAINESVILI	LE, FL 32601 US  named entity submits this statement for the purpose of Florida.	f changing it	s registered office or registered agent, or both,
Electronic Signature of Registered Agent			Date
OFFICERS AND DIRECTORS:		ADDITION	S/CHANGES TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	SD () Delete FITZPATRICK, DAN 1236 NE 19TH PL GAINESVILLE, FL 32609	Title: Name: Address: City-St-Zip:	MR (X) Change ( ) Addition FITZPATRICK, DAN 1236 NE 19TH PL GAINESVILLE, FL 32609
Title: Name: Address: City-St-Zip:	VD ( ) Delete BORDON, MARCIA 6727 NW 26TH TER GAINESVILLE, FL 32653	Title: Name: Address: City-St-Zip:	MRS (X) Change ( ) Addition BORDON, MARCIA 6727 NW 26TH TER GAINESVILLE, FL 32653
Title: Name: Address: City-St-Zip:	TD () Delete EPPLE, KAREN 1236 NE 19TH PL GAINESVILLE, FL 32609	Title: Name: Address: City-St-Zip:	MS (X) Change () Addition EPPLE, KAREN 1236 NE 19TH PL GAINESVILLE, FL 32609
Title: Name: Address: City-St-Zip:	PD () Delete FITZPATRICK, FRANCIS P 313 NE 19TH ST GAINESVILLE, FL 32601	Title: Name: Address: City-St-Zip:	MR (X) Change ( ) Addition FITZPATRICK, FRANCIS P 313 NE 9TH ST GAINESVILLE, FL 32601
Title: Name: Address: City-St-Zip:	( ) Delete	Title: Name: Address: City-St-Zip:	MISS () Change (X) Addition KELLY, AMBER 429 NW 3RD ST GAINESVILLE, FL 32601

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DAN FITZPATRICK MR 08/26/2007