

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004131

FILED
Aug 21, 2009
Secretary of State

Entity Name: COUNSELING AND EDUCATION ASSOCIATES, INC.

Current Principal Place of Business:

313 NE 9TH ST
GAINESVILLE, FL 32601 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-3202083 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
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:

FITZPATRICK, FRANCIS P
313 N.E. 9TH ST
GAINESVILLE, FL 32601 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: MR () Delete
Name: FITZPATRICK, DAN
Address: 127 NW 8TH ST
City-St-Zip: GAINESVILLE, FL 32601

Title: MRS () Delete
Name: FITZPATRICK, KATIE
Address: 1236 NE 19TH PLACE
City-St-Zip: GAINESVILLE, FL 32609

Title: MS () Delete
Name: EPPLE, KAREN
Address: 1236 NE 19TH PL
City-St-Zip: GAINESVILLE, FL 32609

Title: MR () Delete
Name: FITZPATRICK, FRANCIS P
Address: 313 NE 9TH ST
City-St-Zip: GAINESVILLE, FL 32601

Title: MISS () Delete
Name: KELLY, AMBER
Address: 429 NW 3RD ST
City-St-Zip: GAINESVILLE, FL 32601

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR (X) Change () Addition
Name: FITZPATRICK, DAN
Address: 1236 NE 19TH PL
City-St-Zip: GAINESVILLE, FL 32609

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: FRANCIS PATRICK FITZPATRICK

MR.

08/21/2009

Electronic Signature of Signing Officer or Director

Date