

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004131

FILED
Aug 31, 2010
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 ()

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
Name: FITZPATRICK, DAN
Address: 1236 NE 19TH PL
City-St-Zip: GAINESVILLE, FL 32609

Title: MS
Name: FITZPATRICK, KATIE
Address: 1236 NE 19TH PLACE
City-St-Zip: GAINESVILLE, FL 32609

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

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

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

Title: MR
Name: DANIEL, DANIEL M
Address: 1236 NE 19TH PLACE
City-St-Zip: GAINESVILLE, FL 32609 US

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: FRANCIS P FITZPATRICK

MR

08/31/2010

Electronic Signature of Signing Officer or Director

Date