

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 SEP 12 AM 10:42

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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
59-3202083

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

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

(NOTE Registered Agent signature required when reinstating)

DATE

Filing Fee Is \$61.25  
Due by September 23, 2011

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MR  
FITZPATRICK, DAN *SEC.* ☐ Delete  
1236 NE 19TH PL  
GAINESVILLE, FL 32609

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MS  
FITZPATRICK, KATIE *TRES.* ☐ Delete  
1236 NE 19TH PLACE  
GAINESVILLE, FL 32609

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MS  
EPPLER, KAREN *V.P. DIRECTOR* ☐ Delete  
1236 NE 19TH PL  
GAINESVILLE, FL 32609

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MR  
FITZPATRICK, FRANCIS P *PRES. DIRECTOR* ☐ Delete  
313 NE 9TH ST  
GAINESVILLE, FL 32601

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MISS  
KELLY, AMBER *DIRECTOR* ☐ Delete  
429 NW 3RD ST  
GAINESVILLE, FL 32601

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MR  
DANIEL, DANIEL M ☐ Delete  
1236 NE 19TH PLACE  
GAINESVILLE, FL 32609

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
700212960697  
10/05/11--01028--002 \*\*\$61.25

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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☐ Change ☐ Addition  
*9/12/11*

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

Date

Daytime Phone #

9-12-11