

FILE NOW: FILING FEE IS \$61.25

FILED

May 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
----------------------------------------------------------	-----------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

DOCUMENT # **N93000004753 (0)**

1. Corporation Name

LAKESIDE COUNSELING CENTER, INC.



Principal Place of Business 1736 NEW JERSEY RD LAKELAND FL 33803	Mailing Address 1736 NEW JERSEY RD LAKELAND FL 33803-2413
--------------------------------------------------------------------------------	-------------------------------------------------------------------------

3. Date Incorporated or Qualified 10/14/1993	3a. Date of Last Report 05/01/1996
--------------------------------------------------------	----------------------------------------------

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip Country 28	4. FEI Number 59-3231261 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**SHEROUSE, CRAIG
1736 NEW JERSEY RD
LAKELAND FL 33803**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRIMER, RICHARD	1.2 NAME	MARK HIX
STREET ADDRESS	4834 DENISE AVE	1.3 STREET ADDRESS	5219 SLIGH RD
CITY - ST - ZIP	LAKELAND FL 33813	1.4 CITY - ST - ZIP	LAKELAND, FL 33813
TITLE	VSD <input type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEROUSE, CRAIG	2.2 NAME	RICHARD BRIMER
STREET ADDRESS	1723 DAVID CRUM CT	2.3 STREET ADDRESS	2601 WOODWIND HILLS LN
CITY - ST - ZIP	LAKELAND FL	2.4 CITY - ST - ZIP	LAKELAND, FL 33813
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARJORIE BRUZOR	3.2 NAME	MARJORIE BRUZOR
STREET ADDRESS	4160 OLD COLONY RD	3.3 STREET ADDRESS	4160 OLD COLONY RD.
CITY - ST - ZIP	MULBERRY FL	3.4 CITY - ST - ZIP	LAKELAND, FL.
TITLE	PD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	DT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAULK, CHARLES	4.2 NAME	LEE BURROWS
STREET ADDRESS	4727 DETER RD	4.3 STREET ADDRESS	428 CARDINAL PLACE
CITY - ST - ZIP	LAKELAND FL	4.4 CITY - ST - ZIP	LAKELAND, FL 33803
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURROWS, CHARLIE	5.2 NAME	
STREET ADDRESS	1733 STAUNTON AVE	5.3 STREET ADDRESS	
CITY - ST - ZIP	LAKELAND FL	5.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZUBER, DAVE	6.2 NAME	
STREET ADDRESS	1880 CRYSTAL LAKE DR N	6.3 STREET ADDRESS	
CITY - ST - ZIP	LAKELAND FL	6.4 CITY - ST - ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Richard Brimer **RICHARD BRIMER** 4/25/97 941-689-9262
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0052650

CR2E037 (9/96)