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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N93000004753					
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		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		10/14/1993	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3231261	
24 Country		29 Country		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
SHEROUSE, CRAIG 1736 NEW JERSEY RD LAKELAND FL 33803				81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code	

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	DT	1.1 TITLE	DT
NAME	BURROWS, LEE A.	1.2 NAME	JOHN STANCIL
STREET ADDRESS	428 CARDINAL PLACE	1.3 STREET ADDRESS	5999 Charlama Dr
CITY-ST-ZIP	LAKELAND FL 33803	1.4 CITY-ST-ZIP	Lakeland, FL 33813
TITLE	D	2.1 TITLE	D
NAME	HASKINS, JAN	2.2 NAME	Kelly Hardwick
STREET ADDRESS	6502 CRESCENT LAKE DRIVE	2.3 STREET ADDRESS	860 Lila St
CITY-ST-ZIP	LAKELAND FL 33813	2.4 CITY-ST-ZIP	BARTON, FL 33830
TITLE	PD	3.1 TITLE	D
NAME	BRUSZER, MARJORY	3.2 NAME	S.T. PATRICK
STREET ADDRESS	4160 OLD COLONY RD	3.3 STREET ADDRESS	1626 Williamsburg Sq
CITY-ST-ZIP	MULBERRY FL 33860	3.4 CITY-ST-ZIP	Lakeland, FL 33802
TITLE	D	4.1 TITLE	D
NAME	ROUNDS, GREG	4.2 NAME	Charlie Paulk
STREET ADDRESS	400 EAGLE LAKE LOOP ROAD E	4.3 STREET ADDRESS	4004 HOWARD ST
CITY-ST-ZIP	WINTER HAVEN FL 33884	4.4 CITY-ST-ZIP	Lakeland FL 33815
TITLE	D	5.1 TITLE	D
NAME	ANDREWS, PATTI	5.2 NAME	Beth Row
STREET ADDRESS	1909 BROKEN ARROW TR N	5.3 STREET ADDRESS	5245 MARTINIQUE DR
CITY-ST-ZIP	LAKELAND FL 33813	5.4 CITY-ST-ZIP	Lakeland FL 33813
TITLE	VSD	6.1 TITLE	D
NAME	SHEROUSE, CRAIG	6.2 NAME	Nancy Williams
STREET ADDRESS	1723 DAVID CRUM CT	6.3 STREET ADDRESS	4819 Deter Rd
CITY-ST-ZIP	LAKELAND FL 33813	6.4 CITY-ST-ZIP	Lakeland FL 33813

14. I 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, with all other like empowered.

SIGNATURE: *[Signature]* **JOHN STANCIL** 2/18/99 941 680 4286
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)