

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000000074

1. Corporation Name

FLORIDA SOCIETY OF PASTORAL COUNSELORS, INC.

Principal Place of Business

4550 CLYDE MORRIS BLVD.
SUITE C
PORT ORANGE FL 32119

Mailing Address

4550 CLYDE MORRIS BLVD.
SUITE C
PORT ORANGE FL 32119

FILED

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		01/06/1994	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3219455	
24 Country		29 Country		30 Applied For	
				Not Applicable	
9. Name and Address of Current Registered Agent				5. Certificate of Status Desired	
IRBY, JAMES L DR. 4550 CLYDE MORRIS BLVD. SUITE C PORT ORANGE FL 32119				<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number Is Not Acceptable)	
				83 City	
				84 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	PD	1.1 TITLE	
NAME	IRBY, JAMES L DR.	1.2 NAME	
STREET ADDRESS	4550 CLYDE MORRIS BLVD., SUITE C	1.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE FL 32119	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	
NAME	WIRT, DONALD W	2.2 NAME	
STREET ADDRESS	2100 ALT. 19 NORTH	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL 34683	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	
NAME	IRBY, FAYE	3.2 NAME	
STREET ADDRESS	4550 CLYDE MORRIS BLVD., SUITE C	3.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE FL 32119	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	THOMPSON, JOHN R DR.	4.2 NAME	
STREET ADDRESS	P.O. BOX 16889 N/A	4.3 STREET ADDRESS	
CITY-ST-ZIP	TEMPLE TERRACE FL 33687	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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:

James L. Irby, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)