

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 05, 2001 8:00 am**
Secretary of State

03-26-2001 90056 032 ****61.25

DOCUMENT # N94000000074

1. Entity Name

FLORIDA SOCIETY OF PASTORAL COUNSELORS, INC.

Principal Place of Business

Mailing Address

~~10819 SW 86TH AVENUE
OCALA FL 34481~~~~10819 SW 86TH AVENUE
OCALA FL 34481~~

2. Principal Place of Business

3. Mailing Address

3098 Lamplighter**3098 Lamplighter**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sarasota FL

City & State

Sarasota FL

4. FEI Number

59-3219455

Applied For

Not Applicable

Zip

34234

Country

USA

Zip

34234

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**STRUBLE, DONALD W DR
3650 17TH STREET
SARASOTA FL 34235**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	CLIFFORD, JO S	
STREET ADDRESS	10819 SW 86TH AVENUE	
CITY-ST-ZIP	OCALA FL 34481	

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kathleen Jones-Baze	
STREET ADDRESS	3098 Lamplighter	
CITY-ST-ZIP	Sarasota FL 34234	

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MCCOMBS, MARGARET	
STREET ADDRESS	521 MOCKINGBIRD COURT	
CITY-ST-ZIP	LAKE MARY FL 32746	

TITLE	V-President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ruth Britton	
STREET ADDRESS	1812 University Blvd S	
CITY-ST-ZIP	Jacksonville FL 32216-8931	

TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	MANN, KATHY W	
STREET ADDRESS	NE 2ND PLACE	
CITY-ST-ZIP	OCALA FL 34470	

TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michelle Gross	
STREET ADDRESS	6822 82nd Avenue N #144	
CITY-ST-ZIP	St. Petersburg, FL 33710	

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MCCOMBS, MARGARET	
STREET ADDRESS	521 MOCKINGBIRD COURT	
CITY-ST-ZIP	LAKE MARY FL 32746	

TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Richard Shelley	
STREET ADDRESS	1552 Poplar Drive	
CITY-ST-ZIP	Ormond Beach, FL 32174	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/7/01**352-817-6633**

CR2E037 (10/00)