

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N94000003472 (7)

1. Corporation Name

THE NATIONAL COMMISSION FOR MENTAL HEALTH COUNSELOR TRAINING, INC.

Principal Place of Business

Mailing Address

7405-D TEMPLE TERRACE HWY.  
TAMPA FL 33637

7405-D TEMPLE TERRACE HWY.  
TAMPA FL 33637

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
07/11/1994

3a. Date of Last Report  
04/16/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number  
59-3368195

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MESSINA, JAMES  
7405-D TEMPLE TERRACE HWY.  
TAMPA FL 33637

81 Name

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

83

84 City

FL

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 JAMES J. MESSINA, Ph.D.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9/15/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME DRISCOLL, ROBERTA  
STREET ADDRESS 951 NIBLICK DR  
CITY-ST-ZIP CASSELBERRY FL ☒ DELETE

TITLE VD  
NAME COVIN, MIKE  
STREET ADDRESS 111 KATHERINE AVE  
CITY-ST-ZIP OZARK AL ☒ DELETE

TITLE ST  
NAME MESSINA, JAMES J PH.D  
STREET ADDRESS 7405-D TEMPLE TERR HWY  
CITY-ST-ZIP TAMPA FL ☐ DELETE

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE President  
1.2 NAME CONSTANCE MESSINA  
1.3 STREET ADDRESS 6319 Chauncey St  
1.4 CITY-ST-ZIP TAMPA, FL 33647 ☒ Change ☐ Addition

2.1 TITLE V.D.  
2.2 NAME ROSS O'Banion  
2.3 STREET ADDRESS 4918 LINDBAUGH  
2.4 CITY-ST-ZIP TAMPA, FL 33624 ☒ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 JAMES J. MESSINA, Ph.D.

9/15/97 (913) 888-N-233

FILED  
Sep 22 1997 8:00am  
Secretary of State



CR2E037 (4/97)