## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # N9400005253

Corporation Name

AMERICAN ACADEMY OF FORENSIC COUNSELING, INC.

Principal Place of Business

Mailing Address

## FILED Feb 11, 1999 8:00am Secretary of State

02-11-1999 90058 039 \*\*\*\*61.25

Suite, Apt. #, etc.  Suite, Apt. #, etc.  4. FEI Number  Applied For	4400 BAYOU SUITE 8-D PENSACOLA		4400 BAYOU BLVD. SUITE 8-D PENSACOLA FL 32503						
Suite, Apt. #, etc.    Suite, Apt. #, etc.	2. Principal Place of Business 2a. Mailing Address				·				
27   Sy-3302833   Not Applicable   State   City & State   City & State   City & State   Store   City & State   Store   Status Desired   Status Desired   Status Desired   Status Desired   Status Desired   Stadditional Fee Required   Status Desired   Status Des	21		26						
City & State  City & State  Zip  Country  Signature  9. Name and Address of Current Registered Agent  81 Name  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  4400 BAYOU BLVD.  SUITE 8-D  PENSACOLA FL 32503  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 agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named 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  Signature, typed or printed name of registered agent and title if applicable.  NOTE Registered Agent signature required when reinstating)  DATE  Signature, typed or printed name of registered agent and title if applicable.  NOTE Registered Agent signature required when reinstating)  DATE  Signature, typed or printed name of registered agent and title if applicable.  NOTE Registered Agent signature required when reinstating)  DATE  Signature, typed or printed name of registered agent and title if applicable.  NOTE Registered Agent signature required when reinstating)  DATE  Signature, typed or printed name of registered agent and title if applicable.  The printed name of registered agent and title if applicable.  NOTE Registered Agent signature required when reinstating)  DATE  Signature, typed or printed name of registered agent and title if applicable.  NAME  SIREET ADDRESS  4400 BAYOU BLVD. SUITE B-D  TURNER, THOMAS W  STREET ADDRESS  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change  Addition  City 5.75.2P  PENSACOLA FL 32503  Signature agent agent agent and title if		t. #, etc.	Suite, Apt. #, etc.				·		
City & State 28	22		27			59-3302833			
Zip Country Zip Country Zip Country Country Country Country Sp. 00 May Be Added to Fees Trust Fund Contribution	City & Sta	ate	— ´			5. Certificate of Status Desired	•		
9. Name and Address of Current Registered Agent  9. Name and Address of Current Registered Agent  81 Name  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  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 agent, a 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:  SIGNATURE  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TILE  D D DELETE  1.1 TILE  D D DELETE  1.1 TILE  STREET ADDRESS  4400 BAYOU BLVD. SUITE B-D  CITY-ST-ZIP  PENSACOLA FL 32503  1.4 CITY-ST-ZIP  PENSACOLA FL 32503  1.5 TILE  D Change Addition  PENSACOLA FL 32503  PENSA		Country		Country	/	6. Election Campaign Financing	\$5.00	May Be	
BINGHAM, JOHN E 4400 BAYOU BLVD. SUITE 8-D PENSACOLA FL 32503  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  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TILE  D OFFICERS AND DIRECTORS IN 12 IN TIME  STREET ADDRESS  TURNER, THOMAS W  STREET ADDRESS  TURNER, THOMAS W  STREET ADDRESS  TREET ADDRESS  STREET ADDRESS  STREET ADDRESS  TREET ADDRESS  TURNER, THOMAS W  STREET ADDRESS  TREET ADDRESS  TREET ADDRESS  TREET ADDRESS  TURNER, THOMAS W  STREET ADDRESS  TREET ADR					Trust Fund Contribution Adde		Added to	led to Fees	
BINGHAM, JOHN E 4400 BAYOU BLVD. SUITE 8-D PENSACOLA FL 32503  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, 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 aignature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  D DELETE 1.1 TITLE  BINGHAM, JOHN E 4400 BAYOU BLVD. SUITE B-D 1.2 NAME STREET ADDRESS CITY-ST-ZIP PENSACOLA FL 32503  14 CITY-ST-ZIP TITLE  D DELETE 2.1 TITLE  Change Addition  Addition  TURNER, THOMAS W STREET ADDRESS						10. Name and Address of New Registered Agent			
4400 BAYOU BLVD. SUITE 8-D PENSACOLA FL 32503  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, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  SIGNATURE  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  NAME  STREET ADDRESS  CITY- ST-ZIP  PENSACOLA FL 32503  TITLE  D D DELETE  1.1 TITLE  D Change Addition  TURNER, THOMAS W  STREET ADDRESS  STREET ADDRESS  TURNER, THOMAS W  STREET ADDRESS				81	Name				
SUITE 8-D PENSACOLA FL 32503  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 SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE D NAME BINGHAM, JOHN E STREET ADDRESS 4400 BAYOU BLVD. SUITE B-D TITLE D TITLE D TITLE D TITLE D TO DELETE 1.1 TITLE 1.3 STREET ADDRESS CITY-ST-ZIP PENSACOLA FL 32503 1.4 CITY-ST-ZIP TITLE D TURNER, THOMAS W STREET ADDRESS	4400 BAYOU BLVD.					et Address (P.O. Box Number is Not Acceptable)			
PENSACOLA FL 32503  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  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  D DELETE  1.1 TITLE  D Change Addition  Addition  STREET ADDRESS  CITY- ST- ZIP  PENSACOLA FL 32503  DELETE  2.1 TITLE  D Change Addition  TURNER, THOMAS W  4400 BAYOU BLVD. SUITE B-D  2.3 STREET ADDRESS  PENDACOLA FL 30500					i				
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 and title if applicable.  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				84	City	F	85 Zip C	ode	
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TITLE D DELETE 1.1 TITLE Change Addition  NAME BINGHAM, JOHN E  STREET ADDRESS CITY-ST-ZIP PENSACOLA FL 32503 14 CITY-ST-ZIP  TITLE D D DELETE 2.1 TITLE  NAME TURNER, THOMAS W  STREET ADDRESS TREET ADDRESS 2.3 STREET ADDRESS 2.3 STREET ADDRESS 3.3 STREET ADDRESS 4400 BAYOU BLVD. SUITE B-D 2.3 STREET ADDRESS 5.5 STRE	SIGNATURI	Signature, typed or printed name of registered a	agent and title if applicable. (NOTE: R	legistered Age	nt signature r	reduited erion tenteramily			
NAME BINGHAM, JOHN E  STREET ADDRESS CITY-ST-ZIP PENSACOLA FL 32503  TILE D** TURNER, THOMAS W  STREET ADDRESS	12.	OFFICERS	AND DIRECTORS	13.					
STREET ADDRESS CITY-ST-ZIP PENSACOLA FL 32503 114 CITY-ST-ZIP TITLE D** CHANGE TURNER, THOMAS W STREET ADDRESS STREET ADDRESS STREET ADDRESS 13 STREET ADDRESS 14 CITY-ST-ZIP 21 TITLE 22 NAME 22 NAME 23 STREET ADDRESS 23 STREET ADDRESS	TITLE	D	☐ DELETE	1,1 TITLE	:		Change	☐ Addition	
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STREET ADDRESS 4400 BAYOU BLVD. SUITE B-D 23 STREET ADDRESS			☐ DELETE	2.1 TITLE		_	Change	☐ Addition	
STREET ADDRESS 4400 BAYOU BLVD. SUITE B-D 23 STREET ADDRESS	NAME	TURNER, THOMAS W		2.2 NAME					
PENDACOLA EL COCCO	AACO DAYOU DUID CURT D D			2.3 STREE	TADORESS				
	]	••••••••••••••	_	2.4 CITY-	ST-ZIP				

3.1 TITLE

3.2 NAME

4.1 TITLE

4.2 NAME

51 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

3.4. 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 of suppliemental 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 corpotation or the receiver of truetee empewared 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 of an attachment with an address. With all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAMĒ

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

DOELKER, RICHARD E JR

PENSACOLA FL 32503

4400 BAYOU BLVD. SUITE B-D

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETÉ

☐ DELETE

DELETE

DELETE

1/14/99 850-474-9882 Daviline Phone #

Change

Change

Change

☐ Addition

Addition

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CRZEUS/ (11/98)