

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).

FILED
Sep 18 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N95000003439 (5)

1. Corporation Name

POINT OF LIGHT COUNSELING SERVICES, INC.



Principal Place of Business

Mailing Address

1120 ROYAL PALM BEACH BLVD.
#373
ROYAL PALM BEACH FL 33411

1120 ROYAL PALM BEACH BLVD.
#373
ROYAL PALM BEACH FL 33411

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/20/1995

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 830 N. L Street

Suite, Apt. #, etc.

22

City & State

23 Lake Worth, FL

Zip

24 FL 33460

Country

25 U.S.A.

2a. Mailing Address

26 1128 Royal Palm Bch

Suite, Apt. #, etc.

27 BWA. # 373

City & State

28 Royal Palm Beach, FL

Zip

29 33411

Country

30 U.S.A.

4. FEI Number
65-0592908

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

PROPHETE, SCHNAIDER
1010 N.W. 199 STREET
MIAMI FL 33169

81 Name

82 Theresa Padro-Morel

83 120 Heatherwood Drive

84 Royal Palm Bch, FL

85 33411

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 617.0508, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9/12/97

12. OFFICERS AND DIRECTORS

TITLE PTD
NAME MOREL, EMMANUEL G
STREET ADDRESS 120 HEATHERWOOD DRIVE
CITY-ST-ZIP ROYAL PALM BEACH FL 33411

TITLE SD
NAME PROPHETE, ROSALEE
STREET ADDRESS 8740 SHERMAN CIRCLE NO #205
CITY-ST-ZIP MIRAMAR FL 33025

TITLE D
NAME WEBSTER, CLAUDETTE
STREET ADDRESS 18601 NW 8TH ROAD
CITY-ST-ZIP MIAMI FL 33169

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

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

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

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

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, changed, or on an attachment with an address.

SIGNATURE

SIGNATURE REQUIRED

Emmanuel G. Morel

561-795-7129

CR2E037 (4/97)