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FILED
May 14 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N97000000399 (2)

1. Corporation Name

FOREST HILL COUNSELING CENTER, INC.



Principal Place of Business

Mailing Address

2624 FOREST HILL BLVD
WEST PALM BEACH FL 33406

2624 FOREST HILL BLVD
WEST PALM BEACH FL 33406

3. Date Incorporated or Qualified

01/16/1997

4. FEI Number

65-0676717

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 AS Listed

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State Above

28 City & State

24 City & State

29 City & State

25 Zip

26 Country

30 Zip

31 Country

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

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

SILVERNAIL, DARLENE
2624 FOREST HILL BLVD
WEST PALM BEACH FL 33406

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

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 PTD
NAME SILVERNAIL, DARLENE
STREET ADDRESS 5719 ITHACA CIR E
CITY-ST-ZIP LAKE WORTH FL 33463

☐ DELETE

TITLE VD
NAME WHITE, BARBARA
STREET ADDRESS 3573 BARCLAY CRESCENT RD
CITY-ST-ZIP LAKE WORTH FL 33460

☐ DELETE

TITLE SD
NAME REYNOLDS, STEVEN
STREET ADDRESS 2628 FOREST HILL BLVD
CITY-ST-ZIP WEST PALM BEACH FL 33406

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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

P. D.
Darlene Silvernail
5719 ITHACA CIR EAST
LK WORTH FL 33463

☒ Change ☐ Addition

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

☐ 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

MYRA HUCKS
TREASURE
418 NORTH O ST.
LAKE WORTH FL 33460

☒ 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 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

W.S. C. WHITE

1/28/98

1561-9171887

CR2E037 (10/97)