

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90104 050 ****61.25

DOCUMENT # N97000000399

1. Corporation Name

FOREST HILL COUNSELING CENTER, INC.

Principal Place of Business
2624 FOREST HILL BLVD
WEST PALM BEACH FL 33406

Mailing Address
2624 FOREST HILL BLVD
WEST PALM BEACH FL 33406



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
3101 Forest Hill Blvd		PO BOX		01/16/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
WPB FIA		18745		65-0676717	
City & State		City & State		5. Certificate of Status Desired	
33406		WPB FIA		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
Country		Country		<input type="checkbox"/> \$5.00 May Be Added to Fees	
25		33416		30	
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 Darlene Silvernail 82 Street Address (P.O. Box Number is Not Acceptable) 3101 Forest Hill Blvd 83 WPB FIA 33406 84 City FL 85 Zip Code 33406	

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		(NOTE: Registered Agent signature required when reinstating)		DATE	
Signature, typed or printed name of registered agent and title if applicable.					
12. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	SILVERNAIL, DARLENE				
STREET ADDRESS	5719 ITHACA CIRCLE EAST				
CITY-ST-ZIP	LAKE WORTH FL 33463				
TITLE	VD	<input type="checkbox"/> DELETE			
NAME	WHITE, BARBARA				
STREET ADDRESS	3573 BARCLAY CRESCENT RD				
CITY-ST-ZIP	LAKE WORTH FL 33460				
TITLE	SD	<input checked="" type="checkbox"/> DELETE			
NAME	REYNOLDS, STEVEN				
STREET ADDRESS	2628 FOREST HILL BLVD				
CITY-ST-ZIP	WEST PALM BEACH FL 33406				
TITLE	T	<input type="checkbox"/> DELETE			
NAME	HUCKS, MYRA				
STREET ADDRESS	418 NORTH O STREET				
CITY-ST-ZIP	LAKE WORTH FL 33460				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE	S.D. <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
3.2 NAME	Jim CARR				
3.3 STREET ADDRESS	1195 MANGO RD				
3.4 CITY-ST-ZIP	WPB FIA 33415				
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
6.2 NAME					
6.3 STREET ADDRESS					
6.4 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)

1006144