

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000000399

1. Entity Name

FOREST HILL COUNSELING CENTER, INC.

FILED

Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90244 001 ****61.25

04-25-2001 90244 002 ****8.75

Principal Place of Business

3101 FOREST HILL BLVD
WEST PALM BEACH FL 33406

Mailing Address

PO BOX 18745
WEST PALM BEACH FL 33416

38900



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0676717

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SILVERNAIL, DARLENE
3101 FOREST HILL BLVD
WEST PALM BEACH FL 33406

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-10-01

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
WHITE, B
3573 BARCLAIR ROAD
LAKE WORTH FL 33460 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Darlene Silvernail
5719
ITHACA CIR EAST LK WORTH ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
SILVERNAIL, DARLENE
5719 ITHACA CIR E
LAKE WORTH FL 33463 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Barbara Idesosa
16113 EAST MAYFAIR DR
LOX FLA 33470 ☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
JOHNSON, BRENDA
1225 N MILITARY TR
WEST PALM BEACH FL 33409 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CARR, JIM
1195 MANGO RD
WEST PALM BEACH FL 33415 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Pastor Corey
Univ Life Church
411 S S St LAKE WORTH FL ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
SILVERNAIL, DARLENE
5719 ITHACA CIRCLE EAST
LAKE WORTH FL 33463 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Jim Carr
1195 MANGO RD
WEST PALM BEACH FL 33415 ☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Brenda Gamma
4248 Lander Dr
LK WORTH FL 33463 ☐ Change ☒ Addition

12. 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 report or supplemental 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 10 or Block 11 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 #

4-10-01

CR2E037 (10/00)