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Apr 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000003457 (5)**

1. Corporation Name

PROFESSIONAL COUNSELING CENTER INC.



Principal Place of Business 1301 N.E. 14TH ST. OCALA FL 34470		Mailing Address 1301 N.E. 14TH ST. OCALA FL 34470		3. Date Incorporated or Qualified 06/13/1997	
2. Principal Place of Business 21 Suite, Apt. #, etc.		2a. Mailing Address 26 Suite, Apt. #, etc.		4. FEI Number 59-3444041	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Country		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
25		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent SHOOK, JAMES A 1301 N.E. 14TH ST. OCALA FL 34470				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	DIRECTOR
NAME	HORAN, JOHN M	1.2 NAME	JAMES D. DECK
STREET ADDRESS	1975 S.E. 34TH ST.	1.3 STREET ADDRESS	111 SE 25TH AVE
CITY-ST-ZIP	OCALA FL 34471	1.4 CITY-ST-ZIP	OCALA, FLA. 34471
TITLE	D	2.1 TITLE	
NAME	HORAN, MARIA L	2.2 NAME	
STREET ADDRESS	3501 N.E. 10TH ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34471	2.4 CITY-ST-ZIP	
TITLE	DST	3.1 TITLE	
NAME	WILSON, JUDY	3.2 NAME	
STREET ADDRESS	721 N.E. 3RD ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34470	3.4 CITY-ST-ZIP	
TITLE	DV	4.1 TITLE	
NAME	HENNESSY, CAROLE	4.2 NAME	
STREET ADDRESS	3130 S.W. 27TH AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34474	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: **John M. Horan** **JOHN M. HORAN** **4/13/98** **952-951-3111**

CR2E037 (10/97)