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**Mar 31, 1999 8:00 am**  
**Secretary of State**

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N97000003457**

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



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	06/13/1997
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	59-3444041
24 Country	29 Country	Applied For
	30	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

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

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	DP	1.1 TITLE	
NAME	HORAN, JOHN M	1.2 NAME	
STREET ADDRESS	1975 S.E. 34TH ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34471	1.4 CITY-ST-ZIP	
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	D	5.1 TITLE	
NAME	DECK, JAMES D	5.2 NAME	
STREET ADDRESS	111 SE 25TH AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34471	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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)