


FILE NOW: FILING FEE IS \$61.25

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Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90131 021 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N97000003810					
1. Corporation Name THE ENCOURAGERS COUNSELING CENTER OF CRYSTAL RIVER, INC.					
Principal Place of Business 257 NORTHEAST 9TH STREET CRYSTAL RIVER FL 34429			Mailing Address 257 NORTHEAST 9TH STREET CRYSTAL RIVER FL 34429		
2. Principal Place of Business 21 Suite, Apt. #, etc.		2a. Mailing Address 26 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 07/01/1997	
22 City & State		27 City & State		4. FEI Number 59-3457892	
23 Zip		28 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Country		29 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent MOORE, JEROME A DR 257 NORTHEAST 9TH STREET CRYSTAL RIVER FL 34429			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
12. OFFICERS AND DIRECTORS					
TITLE <input type="checkbox"/> DELETE					
NAME MOORE, JEROME					
STREET ADDRESS 1039 N.E. 5TH AVENUE					
CITY-ST-ZIP CRYSTAL RIVER FL 34429					
TITLE <input type="checkbox"/> DELETE					
NAME WALLIN, BRIAN					
STREET ADDRESS 6899 WEST CYRUS STREET					
CITY-ST-ZIP CRYSTAL RIVER FL 34429					
TITLE <input type="checkbox"/> DELETE					
NAME MOORE, EDNA JEAN					
STREET ADDRESS 1039 N.E. 5TH AVENUE					
CITY-ST-ZIP CRYSTAL RIVER FL 34429					
TITLE <input type="checkbox"/> DELETE					
NAME SLATER, KATHALEEN					
STREET ADDRESS 7126 WEST RIVER BEND ROAD					
CITY-ST-ZIP DUNNELLON FL 34433					
TITLE <input checked="" type="checkbox"/> DELETE					
NAME JOHNSON, WILLIAM					
STREET ADDRESS 5454 SOUTH CALGARY TERRACE					
CITY-ST-ZIP INVERNESS FL 34452					
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 <input type="checkbox"/> Change <input type="checkbox"/> Addition					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
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 checked="" type="checkbox"/> Addition					
5.2 NAME TD					
5.3 STREET ADDRESS LOIS KRAHENBUEHL					
5.4 CITY-ST-ZIP 1851 S. HOYLAKES TER					
LECANO, FLORIDA 34461					
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-2-99 352-795-5306

Date

Daytime Phone #

CR2E037 (1/98)