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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # N9700003810

1. Corporation Name

THE ENCOURAGERS COUNSELING CENTER OF CRYSTAL RIV ER, INC.

Principal Place of Business

257 NORTHEAST 9TH STREET CRYSTAL RIVER FL 34429

Mailing Address

257 NORTHEAST 9TH STREET CRYSTAL RIVER FL 34429

FILED Mar 10, 1999 8:00 am § Secretary of State

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2. Principal P	lace of Business	2a. Mailing Address		3. Date Incorporated or Qualifed				
21		26		07/01/1997				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		4. FEI Number	Applied For			
22		27		59-3457892	Not Applicable			
City & Stat	е	City & State		5. Certifcate of Status Desired	\$8.75 Additional Fee Required			
23 Zip	Country	Zip	Country	6. Election Campaign Financing	\$5.00 May Be			
24	25	<u></u>	<u>.</u>	Trust Fund Contribution	Added to Fees			
	9. Name and Address of Curren	<u></u>	···	10. Name and Address of New Registered Ag	jent			
·			81 Name					
MOORE, JEROME A DR 257 NORTHEAST 9TH STREET CRYSTAL RIVER FL 34429			82 Street Address (P.O. Box Number is Not Acceptable) 83					
								DE Zie Code
						84 City	FL	85 Zip Code
			office or i	registered agent or both in the State	of Florida. Such change was aut	horized by the corp	corporation submits this statement for the purpose of choration's board of directors. I hereby accept the appointment	anging its registered nent as registered
			agent. I a	am familiar with, and accept the obliga	tions of, Section 617.0503, Florid	da Statutes.		
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: R	tegistered Agent signature					
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND				
TITLE	PD	DELETE	1.1 TITLE		Change			
NAME	MOORE, JEROME		1.2 NAME					
STREET ADDRESS	1039 N.E. 5TH AVENUE		1.3 STREET ADDRESS					
CITY-ST-ZIP	CRYSTAL RIVER FL 34429		1.4 CITY-ST-ZIP					
TITLE	VD	☐ DELETE						
	1 40		2.1 TITLE		Change Additio			
NAME	'T	- DECE IL	2.1 TITLE 2.2 NAME		Change Addition			
NAME STREET ADDRESS	WALLIN, BRIAN	- Deceir			Change Addition			
STREET ADDRESS	WALLIN, BRIAN 6899 WEST CYRUS STREET	L DECE IL	2.2 NAME	-				
<u>-</u>	WALLIN, BRIAN	☐ DELETE	2.2 NAME 2.3 STREET ADDRESS	-	☐ Change ☐ Additio			
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STREET ADDRESS CITY-ST-ZIP TITLE	WALLIN, BRIAN 6899 WEST CYRUS STREET CRYSTAL RIVER FL 34429 SD MOORE, EDNA JEAN		2.2 NAME 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP 3.1 TITLE	-				
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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.

6.4 CITY-ST-ZIP

CITY- \$T-ZIP

352.795-5306