

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000003810

1. Entity Name

THE ENCOURAGERS COUNSELING CENTER OF CRYSTAL RIV

**FILED**  
**May 05, 2000 8:00 am**  
**Secretary of State**

05-05-2000 90076 004 \*\*\*\*61.25

Principal Place of Business 257 NORTHEAST 9TH STREET CRYSTAL RIVER FL 34429	Mailing Address 257 NORTHEAST 9TH STREET CRYSTAL RIVER FL 34428-3525
---	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>59-3457892</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  <b>MOORE, JEROME A DR</b> <b>257 NORTHEAST 9TH STREET</b> <b>CRYSTAL RIVER FL 34429</b>	7. Name and Address of New Registered Agent 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

<b>FILE NOW:</b> <b>FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
---	---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOORE, JEROME 1039 N.E. 5TH AVENUE CRYSTAL RIVER FL 34429 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WALLIN, BRIAN 6899 WEST CYRUS STREET CRYSTAL RIVER FL 34429 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>JOHN BOWMAN VD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>6212 W. CORPORATE OAKS</b> <b>MEADOW CREST, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MOORE, EDNA JEAN 1039 N.E. 5TH AVENUE CRYSTAL RIVER FL 34429 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>CALVIN MULDER</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>5780 W. SPICEY HILL DR</b> <b>HOMOSASSA FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SLATER, KATHALEEN 7126 WEST RIVER BEND ROAD DUNNELLON FL 34433 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KRAHENBUEHL, LOIS 1851 S. HOYLAK TERRACE LECANTO FL 34461 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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]* DR JEROME MOORE 4/24/2000 (352) 795-5306  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)