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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000006634

1. Corporation Name

CARGILL COUNSELING SERVICE, INC.

Principal Place of Business

485 N.W. 210TH STREET #103
MIAMI FL 33169

Mailing Address

485 N.W. 210TH STREET #103
MIAMI FL 33169

5 2 7 4 6 0 - 9 0 0 3 3 - 2 8



2. Principal Place of Business

21 20120 N.E. 3rd Ct

2a. Mailing Address

26 20120 N.E. 3rd Ct.

Suite, Apt. #, etc.

22 # 7

Suite, Apt. #, etc.

27 # 7

City & State

23 Miami Fla.

City & State

28 Miami Fla.

Zip

24 33179

Country

25 USA

Zip

29 33179

Country

30 USA

3. Date Incorporated or Qualified

01/01/1998

4. FEI Number

Applied For

☒ 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

GARGILL, DARLENE

485 N.W. 210TH STREET #103
MIAMI FL 33169

10. Name and Address of New Registered Agent

81 Name Darlene Cargill

82 Street Address (P.O. Box Number is Not Acceptable)
20120 N.E. 3rd Ct # 7

83 Miami

84 City Miami

FL

85 Zip Code

33179

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

TITLE Director ☐ DELETE
NAME Fakesha Rolle
STREET ADDRESS 20120 N.E. 3rd Court.
CITY-ST-ZIP Miami Fla. 33179

TITLE Director ☐ DELETE
NAME Michelle Rolle
STREET ADDRESS 485 N.W. 210th St. #103
CITY-ST-ZIP Miami Fla. 33169

TITLE Director ☐ DELETE
NAME Darlene Cargill
STREET ADDRESS 20120 N.E. 3rd Ct
CITY-ST-ZIP Miami Fla. 33179

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/99 305-447-4952
Date Daytime Phone #

CR2E037 (11/98)