


FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90016 021 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000000925

1. Corporation Name

DR. BRITTON'S CHRISTIAN COUNSELING/TEMPERAMENT CENTER, INC.

Principal Place of Business

6501 ARLINGTON EXPRESSWAY
 SUITE B-209
 JACKSONVILLE FL 32277

Mailing Address

6501 ARLINGTON EXPRESSWAY
 SUITE B-209
 JACKSONVILLE FL 32277



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 6501 Arlington ExpWy		26 6501 Arlington ExpWy		02/17/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 B-209		27 Suite B-209		59-3493393	
City & State		City & State		5. Certificate of Status Desired	
23 Jacksonville, Fl.		28 Jacksonville, Fl.		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		6. Election Campaign Financing	
24 32211		29 32211		<input type="checkbox"/> Trust Fund Contribution <input type="checkbox"/>	
Country		Country			
25 USA		30 USA			

9. Name and Address of Current Registered Agent

AMERILAWYER
345 ALMERIA AVENUE
CORAL GABLES FL 33134

Attorney: John Duvall
 121 W. Forsyth St.
 Suite 1000
 Jacksonville, FL 32202

10. Name and Address of New Registered Agent

81 Name **Dr.**
 82 Street Address (P.O. Box Number is Not Acceptable) **6501**
 83 **Jacksonville** **Fl.**
 84 City **Jacksonville,** **FL** 85 Zip Code **32211**

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]* **John E. Duvall, 121 W. Forsyth St., Suite 1000, Jacksonville 32202** DATE **1/28/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRITTON, RUTH B DR.	1.2 NAME	
STREET ADDRESS	6501 ARLINGTON EXPRESSWAY, SUITE B-150	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32277	1.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RANDALL, KELLY	2.2 NAME	
STREET ADDRESS	6501 ARLINGTON EXPRESSWAY, SUITE B-150	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32277	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRITTON, MILO C	3.2 NAME	
STREET ADDRESS	6501 ARLINGTON EXPRESSWAY, SUITE B-150	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32277	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(l), 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]* **Dr. Ruth B. Britton** Date **1/28/99** Daytime Phone #

CR2E037 (11/98)