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11/99/98

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 32211	Mailing Address 6501 ARLINGTON EXPRESSWAY SUITE B-209 JACKSONVILLE FL 32211
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2. Principal Place of Business 21 6501 Arlington ExpWy Suite, Apt. #, etc. B-209 City & State Jacksonville, Fl. Zip 32211	2a. Mailing Address 26 6501 Arlington ExpWy Suite, Apt. #, etc. Suite B-209 City & State Jacksonville, Fl. Zip 32211	3. Date Incorporated or Qualified 02/17/1998 4. FEI Number 59-3493393 5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent Attorney: John Duvall 121 W. Forsyth St. Suite 1000 Jacksonville, Fl. 32202	10. Name and Address of New Registered Agent 81 Name John Duvall 82 Street Address (or P.O. Number, if Not Applicable) 121 W. Forsyth Street 83 Suite 1000 84 City Jacksonville, FL 85 Zip Code 32202
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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: John E. Duvall, 121 W. Forsyth St., Suite 1000, Jacksonville 32202
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when relinquishing.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	☐ DELETE	1.1 TITLE ☐ Change ☐ Addition	
NAME BRITTON, RUTH B DR.		1.2 NAME	
STREET ADDRESS 6501 ARLINGTON EXPRESSWAY, SUITE B-209		1.3 STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE FL 32211		1.4 CITY-ST-ZIP	
TITLE SD	☐ DELETE	2.1 TITLE ☐ Change ☐ Addition	
NAME RANDALL, KELLY		2.2 NAME	
STREET ADDRESS 6501 ARLINGTON EXPRESSWAY, SUITE B-209		2.3 STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE FL 32211		2.4 CITY-ST-ZIP	
TITLE TD	☐ DELETE	3.1 TITLE ☐ Change ☐ Addition	
NAME BRITTON, MILO C		3.2 NAME	
STREET ADDRESS 6501 ARLINGTON EXPRESSWAY, SUITE B-209		3.3 STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE FL 32211		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE ☐ Change ☐ Addition	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE ☐ Change ☐ Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE ☐ Change ☐ 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)(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: Ruth B. Britton, 1/28/99
(Signature and typed or printed name of signing officer or director. Date Daytime Phone #)

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