

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

DOCUMENT # N98000000925

1. Entity Name
**DR. BRITTON'S CHRISTIAN
COUNSELING/TEMPERAMENT CENTER, INC.**



Principal Place of Business
1343 ROGERO RD
STE 101
JACKSONVILLE, FL 32211

Mailing Address
1343 ROGERO RD
STE 101
JACKSONVILLE, FL 32211

04-12-2004 90718 001 ****61.25
04-12-2004 90718 002 ****8.75

66411186



DO NOT WRITE IN THIS SPACE

04092004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3493393

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

BRITTON, RUTH B DR.
6137 ROUND LAKE RD N
JACKSONVILLE, FL 32277

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE DR. RUTH B. BRITTON Dr Ruth B. Britton 4-09-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRITTON, RUTH B DR. 1343 ROGER RD STE 101 JACKSONVILLE, FL 32211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BRITTON, MILO C 1343 ROGER RD STE 101 JACKSONVILLE, FL 32211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BRITTON, LARETA S 1343 ROGER RD STE 101 JACKSONVILLE, FL 32211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, KIM 1343 ROGER RD STE 101 JACKSONVILLE, FL 32211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: Dr. Ruth B. Britton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-09-04 (904) 744-9445
Date Daytime Phone #