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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # N98000001826

1. Corporation Name
SELECT COUNSELING SERVICES, INC.

Principal Place of Business
 1941 GLENN LAKE CIRCLE
 ST. PETERSBURG FL 33702

Mailing Address
 1941 GLENN LAKE CIRCLE
 ST. PETERSBURG FL 33702



2. Principal Place of Business 21 7209 D 114TH Av. Suite, Apt. #, etc. 22 City & State 23 LARGO, FL. Zip 24 33773		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 PINELLAS Country 30		3. Date Incorporated or Qualified 03/30/1998	
				4. FEI Number 59-3507787 Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent GODDARD, FRANK W 2959 FIRST AVENUE NORTH ST. PETERSBURG FL 33713				10. Name and Address of New Registered Agent			
				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City		FL 85 Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRES, DIRECTOR <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAEL T. GRADY	1.2 NAME	
STREET ADDRESS	1941 GLENN LAKES CIR No.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG, FL. 33702	1.4 CITY-ST-ZIP	
TITLE	V.P., DIRECTOR <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEITH BLUMENKE	2.2 NAME	
STREET ADDRESS	11901 1ST ST. NO. #535	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG, FL. 33716	2.4 CITY-ST-ZIP	
TITLE	SELF/ TRUSTEE, DIRECTOR <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TERESA M. GRADY	3.2 NAME	
STREET ADDRESS	1941 GLENN LAKES CIR NO	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG, FL 33702	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] **REQUIRED** 3/26/99 (27) 547-5423
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)