

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 25, 1999 8:00 am
Secretary of State

04-25-1999 90026 032 ****70.00

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.

2a. Mailing Address

26 Suite, Apt. #, etc.

3. Date Incorporated or Qualified

03/30/1998

22 Suite, Apt. #, etc.

4. FEI Number

59-3507787

Applied For

Not Applicable

23 City & State

LARGO, FL.

27 City & State

28

5. Certificate of Status Desired

1

\$8.75 Additional

Fee Required

24 Zip

33773

25 Country

FLORIDA

29 Zip

30

Country

6. Election Campaign Financing

0

Trust Fund Contribution

\$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

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 NAME STREET ADDRESS CITY-ST-ZIP

PRES, DIRECTOR MICHAEL T. GRADY 1941 GLENN LAKES CIR NO. ST. PETERSBURG, FL. 33702

TITLE NAME STREET ADDRESS CITY-ST-ZIP

V.P., DIRECTOR KEITH BLUMENK 11901 1ST ST. NO. #535 ST. PETERSBURG, FL. 33716

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SELF/TREAS. DIRECTOR THERESA M. GRADY 1941 GLENN LAKES CIR NO ST. PETERSBURG, FL 33702

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

6.1 TITLE 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/99 (27) 547-5423

Date

Daytime Phone #

CR2E037 (1/98)