NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000002997

1. Corporation Name

BEEN THERE-DONE THAT COUNSELING, INC.

Principal Place of Business

5 SOUTH IVEY LANE ORLANDO FL 32811 Mailing Address

5 SOUTH IVEY LANE ORLANDO FL 32811 FILED

99 SEP 30 PH 4: 24

SECTAL DATE OF STATE TALL MEASSEE, FLORIDA

A CONTRACTOR OF THE COURT OF TH

ONLANDO F	L 32011	UHLANDO PL 32811					
Principal Place of Business 28. Mailing Address 26.				3. Date Incorporated or Qualifed 05/21/1998			
Suite, Apt #, etc.		Suite, Apt. #, etc.			4. FEI Number		
[22] City & St	tate	City & State				\$8.75 A	
23		28			5. Certifcate of Status Desired	Fee Re	quired
Zip	Country	Zip	Country	y	6. Election Campaign Financing	\$5.00	
24	25 9. Name and Address of Curr	29 ant Pagistered Agent	30		Trust Fund Contribution 10. Name and Address of New Registers	Added to	Fees
	s. Hame and reduces of Cult	ent itegistered Agent	81	Name	10. Name and Address of New Registers	n våeur	
RURNET	IT. JOHN C				Grand Co. Co. Nicolaria in New Assessment		
5 SOUTH IVEY LANE			82	Street Ad	Address (P.O. Box Number is Not Acceptable)		
ORLANDO FL 32811			83	1			
			84	City	F	85 Zip C	ode
44 0		500 d 647 d 500 Fire dd - 600 d		1	rporation submits this statement for the purpose		
SIGNATURI	Signature, typed or printed name of registered a	AND DIRECTORS	Registered Age	nt signature requ	of individual control of the control	AND DIRECTO	RS IN 12
TITLF	PD	☐ DELETE	1.1 TITLE			☐ Change	Addition
NAME	BURNETT, JOHN C		1.2 NAME				
STREET ADDRES			1.3 STREE	TADDRESS			
CITY-ST-ZIP	ORLANDO FL 32811		1.4 CITY-5	ST-ZIP			
TITLE	SD DETEN	☐ DELETE	2.1 TITLE		والمعلى والمعلى والمعلى والمعلى والمعلى والمعلى والمعلى	Change	Addition
NAME	JONES, BETTY		2.2 NAME		30000300 -10/05/99-	5772	
STREET ADDRES	ss 1146 GRAHAM AVENUE HOLLYHILL FL 32127			TADORESS	**************************************		
CITY-ST-ZIP	TD	DELETE	2.4 CITY-1	51-ZIP		☐ Change	☐ Addition
NAME	WEATHERS, NATHANIEL SR.	-	3.2 NAME			_ ,	
STREET ADDRES	4545 45514 455555			T ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32808		3.4. CITY-1				
TITLE	D	☐ DELETE	4.1 TITLE	1		Change	Addition
NAME	COUNCIL, KEITH		4.2 NAME				
STREET ADDRES	ss 4900 LENOX BOULEVARD		4.3 STREE	T ADDRESS			
COY-ST-ZIP	ORLANDO FL 32811		4.4 C/TY-5	T-ZIP			
TITLE		☐ DELETE	51 TITLE			☐ Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRES	SS			T ADORESS			
CITY-ST-ZIP		□ nc) etc	5.4 CITY-S	T-ZIP		(C) (C)	To a sales

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:

NAME STREET ADDRESS CITY-ST-ZIP

IGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTO

ohn C. Burnett (407) 299 1718

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