

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90155 015 \*\*\*\*\*61.25

DOCUMENT # N99000003768

1. Entity Name

LORNA THOMAS MULTI COUNSELING SERVICES, INC.



Principal Place of Business

312 WEST CENTRAL AVENUE  
WINTER HAVEN FL 33880

Mailing Address

312 WEST CENTRAL AVENUE  
WINTER HAVEN FL 33880

2. Principal Place of Business

735 parkview place

3. Mailing Address

735 parkview place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lakeland, Florida

City & State

Lakeland, Florida

Zip

33805

Country

polk

Zip

33805

Country

polk

4. FEI Number 59-3581773

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARKINS, BILL

20540 US HWY 98 N  
LAKELAND FL 33809

5620 US HWY 98 N.

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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: Bill Harkins

(NOTE: Registered Agent signature required when reinstating)

DATE

4-4-03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP ☐ Delete  
NAME THOMAS, LORNA  
STREET ADDRESS 633 WILLIAMS STREET 735 parkview place  
CITY-ST-ZIP LAKELAND FL 33805

TITLE NAME Thomas Lorna DP ☒ Change ☐ Addition  
STREET ADDRESS 735 parkview place  
CITY-ST-ZIP Lakeland FL 33805

TITLE DS ☐ Delete  
NAME HILL, EVERTON  
STREET ADDRESS 633 WILLIAMS STREET 735 parkview place  
CITY-ST-ZIP LAKELAND FL 33805

TITLE NAME Hill Euenton DS ☒ Change ☐ Addition  
STREET ADDRESS 735 parkview place  
CITY-ST-ZIP Lakeland FL 33805

TITLE D ☐ Delete  
NAME BARKER, BETTY  
STREET ADDRESS 2969 TAMANDA DRIVE, APT. 319  
CITY-ST-ZIP TAMPA FL 33613

TITLE NAME Baker, Betty D ☒ Change ☐ Addition  
STREET ADDRESS 3211 Woodhill Rd  
CITY-ST-ZIP Winter Haven FL 33881

TITLE ☐ Delete  
NAME Williamson, Robert D  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME Williamson, Robert ☐ Change ☒ Addition  
STREET ADDRESS 14881 melody lane  
CITY-ST-ZIP polk city FL 33868

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: [Signature] REQUIRED

4.4.03 863 206 8684

CR2E037 (10/02)