## 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P00000073620

**FILED** Aug 20, 2007 Secretary of State

Entity Name: AWARENESS COUNSELING CENTER OF THE INDIAN RIVER, INC.

**Current Principal Place of Business:** New Principal Place of Business:

1627 US HIGHWAY 1 7766 BAY STREET SUITE 16, OFFICE 4 SUITE 11

SEBASTIÁN, FL 32958 SEBASTIAN, FL 32958

**Current Mailing Address:** New Mailing Address:

**PMB 137** PMB 137

13529 US HIGHWAY 1 13537 US HIGHWAY 1 SEBASTIAN, FL 32958 SEBASTIAN, FL 32958

FEI Number: 65-1054008 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MCKINNON, CHARLES W. MCKINNON, CHARLES W. 5070 N. HIGHWAY A-1-A 3055 CARDÍNAL DRIVE SUITE 200 SUITE 302 VERO BEACH, FL 32963 US VERO BEACH, FL 32963 US

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.

SIGNATURE: CHARLES W. MCKINNON 08/20/2007

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change ( ) Addition ( ) Delete Title: WASSERMAN, GANGA MAYEE J LCSW WASSERMAN, GANGA MAYEE J LCSW

Name: Name: 1627 US HIGHWAY 1, SUITE 16, OFFICE 4 Address: 7766 BAY STREET, SUITE 11 Address:

City-St-Zip: SEBASTIAN, FL 32958 City-St-Zip: SEBASTIAN, FL 32958

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GANGA MAYEE J. WASSERMAN, LCSW 08/20/2007 D