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**Jun 08, 2000 8:00 am**  
**Secretary of State**

06-08-2000 90022 024 \*\*\*158.75

**PROFIT  
CORPORATION  
ANNUAL REPORT**



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

2000

**DOCUMENT # P02889**

1. Corporation Name

**COMMUNITY COUNSELLING SERVICE CO., INC.**

Principal Place of Business

**36 BEACH ROAD  
2ND FLOOR  
MONMOUTH BEACH NJ 07750**

Mailing Address

**36 BEACH ROAD  
2ND FLOOR  
MONMOUTH BEACH NJ 07750**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**07/31/1984**

4. FEI Number

**13-2837520**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional**

Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be**  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORP. SYSTEM, INC.  
110 NORTH MAGNOLIA STREET  
TALLAHASSEE FL 32301**

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 607.0502 and 607.1508, 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 607.0505, 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 **CD** ☒ DELETE  
NAME **FOERST, JOHN G. JR**  
STREET ADDRESS **350 FIFTH AVE., STE. 7210**  
CITY- ST- ZIP **NEW YORK NY**

TITLE **PTD** ☐ DELETE  
NAME **HANRAHAN, WILLIAM B.**  
STREET ADDRESS **350 FIFTH AVE., STE. 7210**  
CITY- ST- ZIP **NEW YORK NY**

TITLE **V** ☐ DELETE  
NAME **MICHAEL GERUN**  
STREET ADDRESS **36 BEACH ROAD**  
CITY- ST- ZIP **MONMOUTH BEACH N.**

TITLE **SD** ☒ DELETE  
NAME **GARRITY, JAMES L.**  
STREET ADDRESS **605 THIRD AVE**  
CITY- ST- ZIP **NEW YORK NY**

TITLE **VD** ☐ DELETE  
NAME **KISSANE, ROBERT**  
STREET ADDRESS **350 5TH AVE STE 7210**  
CITY- ST- ZIP **NEW YORK NY**

TITLE **VD** ☐ DELETE  
NAME **MOUGHAN, PATRICK**  
STREET ADDRESS **8750 WEST BRYN MAWR, #510**  
CITY- ST- ZIP **CHICAGO IL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

3.1 TITLE **SD** ☒ Change ☐ Addition  
3.2 NAME **Michael Gerun**  
3.3 STREET ADDRESS  
3.4 CITY- ST- ZIP

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

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

6.1 TITLE ☐ Change ☐ Addition  
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 607, 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:

*JAFIN*

*5/1/00*

*732 222 7897*