

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000081616

FILED  
Jan 05, 2012  
Secretary of State

**Entity Name:** CENTRAL FLORIDA COUNSELING ASSOCIATES, INC.

**Current Principal Place of Business:**

1850 LEE RD, SUITE 114  
WINTER PARK, FL 32789

**New Principal Place of Business:**

1850 LEE RD,  
SUITE 114  
WINTER PARK, FL 32789

**Current Mailing Address:**

1850 LEE RD, SUITE 114  
WINTER PARK, FL 32789

**New Mailing Address:**

1850 LEE RD,  
SUITE 114  
WINTER PARK, FL 32789

**FEI Number:** 56-2385176

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FUENTES, DELIA E  
1850 LEE RD  
STE 114  
WINTER PARK, FL 32789 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: FUENTES, DELIA E  
Address: 1850 LEE ROAD  
City-St-Zip: WINTER PARK, FL 32789

I hereby 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 all other like empowered.

SIGNATURE: DELIA E. FUENTES

P

01/05/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date