

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P03000121892

1. Entity Name

PHOEBE'S COUNSELING CENTER, INC.



FILED

04 JUN 10 PM 1:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



MOORE CR2E034 (11/03)

Principal Place of Business

19 SOUTHERN CROSS CIR., #203
BOYNTON BEACH FL 33436

Mailing Address

19 SOUTHERN CROSS CIR., #203
BOYNTON BEACH FL 33436

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

West Palm Bch FL

4. FEI Number

75-3149693

Applied For

Not Applicable

Zip

Country

33402

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BUSINESS FILING INCORPORATED
660 EAST JEFFERSON STREET
TALLAHASSEE FL 33436

7. Name and Address of New Registered Agent

Name Lashonda Bradley

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

500 N Congress Ave #64

City West Palm Beach

FL

Zip Code 33401

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

Lashonda Bradley - Vice president 04.28.04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME SPIRES, RANDIESA
STREET ADDRESS 19 SOUTHERN CROSS CIR., #203
CITY-ST-ZIP BOYNTON BEACH FL 33436

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P/T/S
NAME Randies Spires
STREET ADDRESS 19 Southern Cross Cirde #203 Boynton Bch, FL
CITY-ST-ZIP 33436

TITLE
NAME Lashonda Bradley
STREET ADDRESS 500 N Congress Ave #64
CITY-ST-ZIP West Palm Bch FL 33401

TITLE
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CITY-ST-ZIP

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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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Randies Spires

4.28.04

Date

501-856-6112

Daytime Phone #