

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000077093

FILED  
Apr 08, 2009  
Secretary of State

Entity Name: STONE RIDGE COUNSELING CENTER, INC.

## Current Principal Place of Business:

9013 UNIVERSITY PARKWAY  
SUITE C  
PENSACOLA, FL 32514

## New Principal Place of Business:

## Current Mailing Address:

9013 UNIVERSITY PARKWAY  
SUITE C  
PENSACOLA, FL 32514

## New Mailing Address:

FEI Number: 80-0231765      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ADAMS, MELISSA  
3259 BERNATH DRIVE  
MILTON, FL 32583      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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ADAMS, MELISSA  
Address: 3259 BERNATH DRIVE  
City-St-Zip: MILTON, FL 32583

Title: VP ( ) Delete  
Name: CRIBB, FRANCIS E  
Address: 2112 ST. ANDREWS DRIVE  
City-St-Zip: CANTONMENT, FL 32533

Title: T ( ) Delete  
Name: DAVIS, JANET  
Address: 563 DESSERT OAK DRIVE  
City-St-Zip: PENSACOLA, FL 32514

Title: S ( ) Delete  
Name: DONNALLEY, DEBRA  
Address: 2950 CHARTER OAKS LANCE  
City-St-Zip: PENSACOLA, FL 32514

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: DAVIS, JANET  
Address: 563 DESERT OAK DRIVE  
City-St-Zip: PENSACOLA, FL 32514

Title: S (X) Change ( ) Addition  
Name: DONNALLEY, DEBRA  
Address: 2950 CHARTER OAKS LANE  
City-St-Zip: PENSACOLA, FL 32514

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: DEBRA DONNALLEY

SEC

04/08/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date