FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 25 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P92000014177 (9)**

1. Corporation Name

LIFELINE COUNSELING ASSOCIATES, INC.

Principal Place of Business
125 W. PLYMOUTH AVE.
STE D
DELAND FL 32720
US

Mailing Address
125 W. PLYMOUTH AVE.
STE D
DELAND FL 32720
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/18/1992

3a. Date of Last Report: 04/28/1994

2. Principal Place of Business
21 999 W. Volusia Ave.
Suite, Apt. #, etc. 22
City & State 23 DELAND, FL
Zip 24 32720 Country 25 USA

2a. Mailing Address
26 999 W. Volusia Ave.
Suite, Apt. #, etc. 27
City & State 28 DELAND, FL
Zip 29 32720 Country 30 USA

4. FEI Number: 59-3162396 — 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

IRRGANG, GLORIA K
125 W. PLYMOUTH AVE.
SUITE C
DELAND FL 32720

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 999 W. Volusia Ave.
83
84 City DELAND FL 85 Zip Code 32720

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: Gloria K. Irrgang — VPD — 4/20/95 DATE

Signature of typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	IRRGANG, GLORIA K	1.2 NAME	
STREET ADDRESS	2020 WATERSEDGE DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	DELTONA FL 32738	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	DOCKERY, THOMAS G	2.2 NAME	
STREET ADDRESS	2940 GRAYTON STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	DELTONA FL 32738	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	WEINSTEIN, JOAN	3.2 NAME	
STREET ADDRESS	155 VALENCIA ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	DEBARY FL 32713	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Joan C. Weinstein — 4/20/94 Date — (904) 736-5703 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joan C. Weinstein, Vice President

0414109 FP