

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000006734 (6)

1. Corporation Name

ASSOCIATES FOR COUNSELING AND PSYCHOTHERAPY, INC

7



Principal Place of Business

Mailing Address

1111 NE 25TH AVE.
SUITE 201
OCALA FL 34470
US

1111 NE 25TH AVE.
SUITE 201
OCALA FL 34470
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt #, etc.

Suite, Apt #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

01/21/1993

05/01/1995

4. FEI Number

59-3618810

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

10. Name and Address of New Registered Agent

81 Name

WEST, CAROLYN H

82

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

1111 NE 25TH AVE SUITE 201

83

OCALA, FL. 34470

84

City

OCALA, FL.

FL

85 Zip Code

34470

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

CAROLYN H. WEST

Carolyn H. West

JUNE 26, 1996

12. OFFICERS AND DIRECTORS

TITLE PDTS
NAME WEST, CAROLYN H.
STREET ADDRESS 905 EAST SILVER SPRINGS BOULEVARD
CITY-ST-ZIP Ocala FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME WEST, CAROLYN H.
1.3 STREET ADDRESS 1111 NE 25TH AVE, SUITE 201
1.4 CITY-ST-ZIP Ocala FL 34470

☒ Change ☐ Addition

2.1 TITLE VSTD
2.2 NAME LUCAS, LINDA S.
2.3 STREET ADDRESS 4300 SE 59TH ST
2.4 CITY-ST-ZIP Ocala, FL. 34480

☐ Change ☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Change ☐ Addition

5.1 TITLE 400001884574
5.2 NAME -07/05/96--01020--034
5.3 STREET ADDRESS ***233.75
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

Carolyn H. West

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/26/96

(352)732-3771

CR2E034 (3/96)