

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Mar 08, 1999 8:00 am
Secretary of State

03-08-1999 90080 023 ***158.75



PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000003766

1. Corporation Name

COUNSELING ASSOCIATES OF PORT ORANGE, INC.

Principal Place of Business

3959 S NOVA RD
SUITE 5
PORT ORANGE FL 32127

Mailing Address

3959 S NOVA RD
SUITE 5
PORT ORANGE FL 32127

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
21	26	01/07/1994	59-3220224	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	8. This corporation owes the current year intangible Personal Property Tax.	
22	27	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution		
23	28	<input type="checkbox"/>		
Zip	Zip			
24	29			
Country	Country			
25	30			

9. Name and Address of Current Registered Agent

PENNELL, CLARK R
3959 S NOVA RD
SUITE 5
PORT ORANGE FL 32127

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, PATTI K	1.2 NAME	
STREET ADDRESS	3959 S NOVA RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE FL 32127	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PENNELL, R. CLARK	2.2 NAME	
STREET ADDRESS	3959 S NOVA RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE FL 32127	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE:

R. Clark Pennell, R. P.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-99 (904) 761-2390
Date Daytime Phone #

CR2E034 (11/98)