

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000037982 (3)

1. Corporation Name

EXECUTIVE FAMILY COUNSELING AND CONSULTING SERVICES, INC.



Principal Place of Business

2320 U.S. HIGHWAY 19
HOLIDAY FL 34691

Mailing Address

2320 U.S. HIGHWAY 19
HOLIDAY FL 34691

2. Principal Place of Business

21 Suite, Apt #, etc

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 P.O. Box 3557 Suite, Apt #, etc

27 City & State

28 Zip Country

29 34690 30

3. Date Incorporated or Qualified
05/19/1994

3a. Date of Last Report
03/21/1995

4. FEI Number

59-3240936

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

10. Name and Address of New Registered Agent

SCHOETTLE, DANIEL F
2320 U.S. HIGHWAY 19
HOLIDAY FL 34691

81 Name

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

83

84 City

FL

85 Zip Code

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)

(If 12: Registered Agent Signature required when constituted)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
D
SCHOETTLE, DANIEL F
STREET ADDRESS
2320 US HIGHWAY 19
CITY-STATE-ZIP
HOLIDAY FL 34691

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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CITY-STATE-ZIP

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NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-STATE-ZIP

2.1 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-STATE-ZIP

3.1 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP

4.1 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP

5.1 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP

6.1 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-STATE-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:

Daniel F. Schoettle

DANIEL F SCHOETTLE 6/17/96 813 938 8558

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (12/95)