

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

FILED

**May 01 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
----------------------------------------------------	-----------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

DOCUMENT # P95000003986 (3)
1. Corporation Name
WILLOUGH COUNSELING CENTER, INC.



Principal Place of Business 9001 TAMiami TRAIL E NAPLES FL 33962	Mailing Address 9001 TAMiami TRAIL E NAPLES FL 34113-3304
--------------------------------------------------------------------------------	-------------------------------------------------------------------------

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 01/17/1995	3a. Date of Last Report 05/01/1996
21. Suite, Apt. #, etc.	26. 209 N. Beaver Street	4. FEI Number 65-0581322	Applied For Not Applicable
22. City & State	27. P.O. Box 5047	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. York, Pa.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. 17405-5047	30. U.S.	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BRUGGER, CAROL R 600 FIFTH AVE SOUTH SUITE 210 NAPLES FL 33940		81. Name	85. Zip Code
		82. Street Address (P.O. Box Number is Not Acceptable)	FL
		83.	
		84. City	

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCORMACK, WEBSTER J	1.2 NAME	
STREET ADDRESS	9001 TAMiami TRAIL E	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33962	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, RAY A	2.2 NAME	
STREET ADDRESS	9001 TAMiami TRAIL E	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33962	2.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRICKER, RICHARD W	3.2 NAME	
STREET ADDRESS	209 N. BEAVER ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	YORK PA 17403	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 in changed, or on an attachment with an address.

SIGNATURE: Richard W. Bricker **2/5/97** **717-854-7857**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)