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FILED  
May 06 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 # P96000020652 (9)

1. Corporation Name

ALTERNATIVES COUNSELING CENTER, INC.



Principal Place of Business

833 17TH STREET  
SUITE M  
VERO BEACH FL 32960

Mailing Address

PO BOX 2283  
VERO BEACH FL 32961-2283

2. Principal Place of Business

21 333 17th Street

Suite, Apt. #, etc.

22 Suite W

City & State

23 Vero Beach

Zip

24 32960

Country

25 US

2a. Mailing Address

26 333 17th Street

Suite, Apt. #, etc.

27 Suite W

City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified

03/05/1996

3a. Date of Last Report

4. FEI Number

65-0643127

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

VELEZ, PAULINE  
8855 104TH AVE  
VERO BEACH FL 32967

10. Name and Address of New Registered Agent

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 *Pauline Velez, LSW* PAULINE VELEZ, LSW, President

4/27/97

12. OFFICERS AND DIRECTORS

TITLE P  
NAME VELEZ, PAULINE  
STREET ADDRESS 8855 104TH AVE  
CITY-ST-ZIP VERO BEACH FL 32967 ☐ DELETE

TITLE V  
NAME TERRY, LISA  
STREET ADDRESS 430 14TH ST SW  
CITY-ST-ZIP VERO BEACH FL 32967 ☐ DELETE

TITLE ST  
NAME WARD, SARA K  
STREET ADDRESS 8855 104TH AVE  
CITY-ST-ZIP VERO BEACH FL 32967 ☐ DELETE

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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

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

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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)(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.

SIGNATURE *Pauline Velez, LSW* PAULINE VELEZ, LSW, President

CR2E034 (9/96)