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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P96000022723 (6)**

1. Corporation Name
QUEST COUNSELING CENTRE, INC.

Principal Place of Business	Mailing Address
401 WHOOPING LOOP SUITE 1569 ALTAMONTE SPRINGS FL 32701	401 WHOOPING LOOP SUITE 1569 ALTAMONTE SPRINGS FL 32701-3445

3. Date Incorporated or Qualified: 03/13/1996
3a. Date of Last Report: 3/96

2. Principal Place of Business	2a. Mailing Address
21 401 Whooping Loop Suite, Apt. # etc. 22 Suite 1569 City & State 23 Altamonte Springs, Fl Zip 24 32701 Country 25 Seminole	26 401 Whooping Loop Suite, Apt. #, etc. 27 Suite 1569 City & State 28 Altamonte Springs, Fl Zip 29 32701 Country 30 Seminole

4. FEI Number: 59-3372430 ☐ 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
BUTKINS, PETER 401 WHOOPING LOOP SUITE 1569 ALTAMONTE SPRINGS FL 32701	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 _____ DATE _____
Signature, Type 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	President ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	Peter A. Butkins	1.2 NAME	
STREET ADDRESS	401 Whooping Loop, Sui. 1569	1.3 STREET ADDRESS	
CITY-ST-ZIP	Altamonte Sprg. Fl. 32701	1.4 CITY-ST-ZIP	
TITLE	Vice Pres. ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	Lui Delgado	2.2 NAME	
STREET ADDRESS	2020 Epic Ct,	2.3 STREET ADDRESS	
CITY-ST-ZIP	Deltona, Fl 32738	2.4 CITY-ST-ZIP	
TITLE	Secretary ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	Pam Ohab	3.2 NAME	
STREET ADDRESS	100 E. Sybelia Ave. Sui 130	3.3 STREET ADDRESS	
CITY-ST-ZIP	Maitland, Fl 32751	3.4 CITY-ST-ZIP	
TITLE	Treasurer ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	Peter A. Butkins	4.2 NAME	
STREET ADDRESS	401 Whooping Loop, Sut 1569	4.3 STREET ADDRESS	
CITY-ST-ZIP	Altamonte springs, Fl. 32701	4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	400002152934
STREET ADDRESS		6.3 STREET ADDRESS	-04/24/97--01005--020
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***165.00

CR2E034 (9/96)

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: Peter A. Butkins PRES. 4-2-97 (407) 331-7199
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #