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Apr 13 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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
401 WHOOPING LOOP
SUITE 1569
ALTAMONTE SPRINGS FL 32701

Mailing Address
401 WHOOPING LOOP
SUITE 1569
ALTAMONTE SPRINGS FL 32701

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 Suite 1549

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 Suite 1549

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

03/13/1996

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BUTKINS, PETER
401 WHOOPING LOOP
SUITE 1569
ALTAMONTE SPRINGS FL 32701

10. Name and Address of New Registered Agent

81 Name

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

Suite 1549

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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

Peter A. Butkins, P.D.

4-6-98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME BUTKINS, PETER A
STREET ADDRESS 401 WHOOPING LOOP, SUITE 1569
CITY-ST-ZIP ALTAMONTE SPRG FL 32701

TITLE VP
NAME DELGADO, LUI
STREET ADDRESS 2020 EPIC CT.
CITY-ST-ZIP DELTONA FL 32738

TITLE S
NAME OHAB, PAM
STREET ADDRESS 100 E. SYBELIA AVE. SUITE 130
CITY-ST-ZIP MAITLAND FL 32751

TITLE T
NAME BUTKINS, PETER A
STREET ADDRESS 401 WHOOPING LOOP, SUT 1569
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
suite 1549

2.1 TITLE VP
2.2 NAME TRACEY NOLAN
2.3 STREET ADDRESS 1283 ADIRONDACK CT.
2.4 CITY-ST-ZIP APOPKA, FL. 32712

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

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

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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.

SIGNATURE:

Peter A. Butkins, P.D.

4-6-98 (407)331-7199

CR2E034 (10/97)