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

FILED
Jan 20 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 # **P96000073841 (4)**

1. Corporation Name
CENTRAL FLORIDA COUNSELING & BEHAVIORAL MANAGEME NT CENTER, INC.

Principal Place of Business	Mailing Address
604 HOLBROOK CIRCLE LAKE MARY FL 32746	P.O. BOX 950817 LAKE MARY FL 32795-0817

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/03/1996

2. Principal Place of Business	2a. Mailing Address
21 126 W. LAKEVIEW AVENUE	26 P.O. Box 950817
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 LAKE MARY, FL	28 LAKE MARY, FL
24 Zip 32746 / 25 Country SEMINOLE	29 Zip 32795-0817 / 30 Country SEMINOLE

4. FEI Number: 59-3400015 ☐ 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

CAMPBELL, ROGER G
604 HOLBROOK CIRCLE
LAKE MARY FL 32746

10. Name and Address of New Registered Agent

81 Name: MARY WHITMORE
82 Street Address (P.O. Box Number is Not Acceptable): 126 W. LAKEVIEW AVENUE
83 P.O. BOX 950817
84 City: LAKE MARY FL 85 Zip Code: 32746

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: Mary M. Whitmore MARY WHITMORE 1/6/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PT	☑ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GRIFFTH, RICHARD ED D		1.2 NAME		
STREET ADDRESS	624 INIS STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRINGS FL		1.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	2.1 TITLE	PRESIDENT/TREASURER (P/T)	☑ Change ☐ Addition
NAME	CORNELL, LYNN		2.2 NAME	CORNELL, LYNN	
STREET ADDRESS	875 N DEERBORN ST., #11K		2.3 STREET ADDRESS	875 N. DEERBORN ST., #11K	
CITY-ST-ZIP	CHICAGO IL		2.4 CITY-ST-ZIP	CHICAGO, ILL	
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WHITMORE, MARY		3.2 NAME		
STREET ADDRESS	111 ARCHERS POINT		3.3 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			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		LS 1/20/98
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME	900002405059	
STREET ADDRESS			6.3 STREET ADDRESS	-01/20/98--01078--035	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	***150.00	

CR2E034 (10/97)

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: [illegible]