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

PROFIT
CORPORATION
ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000099223 (5)

FLORIDA FIELD COUNSELING SERVICE INC.

| Principal Place of Business 2700 60TH WAY NORTH ST PETERSBURG FL 33710 | | Mailing Address 2700 60TH WAY NORTH ST PETERSBURG FL 33710-3350 | | | |
|--|---|---|---|--|--|
| | | | | 3. Date Incorporated or Qualified 12/06/1996 | 3a. Date of Last Report |
| 21 | Place of Business | 2a. Mailing Address 26 | | 4. FEI Number 59-3433948 | Applied For Not Applicable |
| Suite, Apt. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & Stat | | City & State | | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| Zip 24 | Country 25 9, Name and Address of Curren | Zip 29 : | Country 30 | This corporation has liability for in Florida Statutes Name and Address of New Reg | Yes Yo |
| ST f | am lamiliar with, and accept the obliga | ations of, Section 607,0505, Flor | 83 84 City s, the above-riamed couthorized by the corporida Statutes. | dress (P.O. Box Number is Not Acceptable progration submits this statement for the particular submits the particular submits the statement for the submits the statement for the submits submits the statement for the submits submi | FL 85 Zip Code |
| 12. | Signature, typed or printed name of registered age OFFICERS AN | | Registered Agent signature req | · | DATE COO CALCA CAL |
| TITLE | OT TOE NO AT | DELETE | | ADDITIONS/CHANGES TO OFFICE | |
| NAME | | | 1.2 NAME | PRESIDENT . P RICHARD J. GWARE 2700 60 WAY N. | K |
| STREET ADDRESS | | | 1.3 STREET ADDRESS | 2700 60 WAY N. | |
| CITY-ST-ZIP TITLE | | DELETE | 1.4 CITY - ST - ZIP | ST. PETERSBURG FR | . 38710 |
| NAME | | Detter | 2.1 TITLE 2.2 NAME | | Change Addition |
| STREET ADDRESS | | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 2. # CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME STREET ADDRESS | | | 3.2 NAME 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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 TITLE | | DELETE | 4.4 CITY - ST - ZIP | | Charge L Addition |
| NAME | | C Dettile | 5.1 TITLE 5.2 NAM€ | | Change Addition |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| AITH AT BIA | } | | 5.5 DIRECT ADDIRECT | | 1 |

OLONIATURE.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

R TINGABER

14. I do hereby certify that the information supplied with this filing does information indicated on this annual report or supplemental annual I am an officer or director of the corporation or the receiver or just appears in Block 12 or Block 13 if changed, or on an attachment we

DELETE

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

GRELL U. 2

1. 27.07 PIZZUZ-CAZ

for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the cand accurate and that my signature shall have the same legal effect as if made under eath; that any execute this report as required by Chapter 607, Florida Statutes; and that my name

Change

___ Addition

FILED

May 02 1997 8:00am

Secretary of State