

* FILE NOW. FILING FEE AFTER MAY 1 IS

CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAY 19 AM 10:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name **Ross Family Counseling, Inc.** DOCUMENT # **P98000056037**

Mailing Address **7700 Congress Avenue #2207**
Principal Place of Business **Boca Raton, FL 33487**

DO NOT WRITE IN THIS SPACE

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

3. Date Incorporated or Qualified **6-23-98** 3a. Date of Last Report **2-10-02**

2. Mailing Address 21	2a. Principal Place of Business 26	4. FEI Number 65-0846361	Applied For <input type="checkbox"/>
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
23 City & State	28 City & State	7. Nonprofit Exempt from \$138.75 Supplemental Fee <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Zip	25 Country	29 Zip	30 Country
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent Donna Ross 5345 Island Gypsy Dr Green Acres, FL 33463		10. Name and Address of New Registered Agent	
B1	Name	B2	Street Address (P.O. Box Number is Not Acceptable)
B3		B3	
B4	City	B5	Zip Code
		FL	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE Donna M. Ross Donna M. Ross, President DATE 5/13/03
(Registered Agent Accepting Appointment) (NOTE: Registered Agent Signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE President	1.2 NAME Donna M. Ross	1.1 TITLE	1.2 NAME
1.3 STREET ADDRESS 5345 Island Gypsy Dr	1.4 CITY - ST - ZIP Green Acres, FL 33463	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
2.1 TITLE	2.2 NAME	2.1 TITLE	2.2 NAME
2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP
3.1 TITLE	3.2 NAME	3.1 TITLE	3.2 NAME
3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP
4.1 TITLE	4.2 NAME	4.1 TITLE	4.2 NAME
4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP
5.1 TITLE	5.2 NAME	5.1 TITLE	5.2 NAME
5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP
6.1 TITLE	6.2 NAME	6.1 TITLE	6.2 NAME
6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Donna M. Ross Donna M. Ross 5/13/03 561-994-9361
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

ROSS FAMILY COUNSELING, INC.

DONNA M. ROSS, MSW, LCSW
561-994-9361
7700 Congress Ave., Suite 2207 • Boca Raton, FL 33487
www.rossfamilycounseling.com

May 13, 2003

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314


RE: ROSS FAMILY COUNSELING, INC.
DOCUMENT # P98000056037
FEI Number 65-0846361
Date Incorporated: 6/23/98

Please be advised that since I last filed, I changed both my office address and my home address. Apparently, the Post Office has not forwarded all of my mail and I am late filing for this reason.

If at all possible, because of the above circumstances, would it be possible to forgive the late charges? I am truly sorry regarding the late filing, and would appreciate any consideration you may be able to give.

Thank you.

Sincerely,



Donna M. Ross