

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000044192

FILED  
Mar 26, 2009  
Secretary of State

**Entity Name:** IN SPIRIT AND IN TRUTH COUNSELING SERVICES, INC.

**Current Principal Place of Business:**

1890 N. UNIVERSITY DRIVE  
SUITE 215  
CORAL SPRINGS, FL 33071

**New Principal Place of Business:**

2601 E. OAKLAND PARK BLVD.  
SUITE 207  
FORT LAUDERDALE, FL 33306

**Current Mailing Address:**

P.O. BOX 811  
POMPANO BEACH, FL 33061

**New Mailing Address:**

**FEI Number:** 65-0932035

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORSELLO, LILY DR.  
111 N POMPANO BEACH BLVD  
APT 513  
POMPANO BEACH, FL 33062 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PS ( ) Delete  
Name: CORSELLO, LILY J DR.  
Address: 1890 N. UNIVERSITY DRIVE, STE. 215  
City-St-Zip: CORAL SPRINGS, FL 33071

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PS (X) Change ( ) Addition  
Name: CORSELLO, LILY J DR.  
Address: P O BOX 811  
City-St-Zip: POMPANO BEACH, FL 33061

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LILY J. CORSELLO

DR.

03/26/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date