

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90185 015 ***150.00

DOCUMENT # S49445

1. Corporation Name

**ALTAMONTE PSYCHOLOGICAL AND COUNSELING ASSOCIATE
S, INC.**



Principal Place of Business

370 WHOOPING LOOP
1150
ALTAMONTE SPRINGS FL 32701-3442
US

Mailing Address

370 WHOOPING LOOP
1150
ALTAMONTE SPRINGS FL 32701-3442
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/29/1991

4. FEI Number

59-3063791

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 the current year intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 190 Eileen Dr

2a. Mailing Address

26 190 Eileen Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Altamonte Springs FL

City & State

28 Altamonte Sprs FL

Zip

Country

Zip

Country

24 32714

25

29 32714

30

9. Name and Address of Current Registered Agent

BARRETT, DARLENE
370 WHOOPING LOOP
SUITE 1150
ALTAMONTE SPRINGS FL 32701

10. Name and Address of New Registered Agent

81 Name Darlene Barrett Antonio

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

190 Eileen Dr

83

84 City Altamonte Sprs

FL

85 Zip Code 32714

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

Darlene B. Antonio

Darlene B. Antonio, President

DATE

4/25/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME P
STREET ADDRESS ANTONIO, DARLENE B
CITY-STATE-ZIP 370 WHOOPING LOOP, STE. 1150
ALTAMONTE SPRINGS FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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, with all other like empowered.

SIGNATURE:

Darlene B. Antonio
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/99
407-740-6838

CR2E034 (11/98)