

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

FILED

Apr 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S54150** (5)

1. Corporation Name
FAMILY CARE COUNSELING CENTER, INC.



Principal Place of Business 2425 SOUTH VOLUSIA AVE B-4 ORANGE CITY FL 32763 US	Mailing Address 2425 S VOLUSIA AVE B4 ORANGE CITY FL 32763-7625 US
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3. Date Incorporated or Qualified 05/20/1991	3a. Date of Last Report 07/09/1996
4. FEI Number 59-3070150	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 442 E. NEW YORK AV. Suite, Apt. #, etc. 22 SUITE # 10 City & State 23 ORLANDO, FL Zip 24 32724	2a. Mailing Address 26 442 E. NEW YORK AV. Suite, Apt. #, etc. 27 #10 City & State 28 ORLANDO, FL Zip 29 32724 Country 30 U.S.A.
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9. Name and Address of Current Registered Agent
**GREENHALGH, GORDON
135 INTERNATIONAL SPEEDWAY BLVD.
STE. #23
DAYTONA BEACH FL 32118**

81 Name GORDON GREENHALGH	10. Name and Address of New Registered Agent
82 Street Address (P.O. Box Number is Not Acceptable) 442 E. NEW YORK AV.	
83 SUITE # 10	
84 City ORLANDO	85 Zip Code 32724

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE ADDRESS → <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME GREENHALGH, GORDON		1.2 NAME	
STREET ADDRESS 412 N WILD OLIVE AVE		1.3 STREET ADDRESS 442 E. NEW YORK AV. SUITE 10	
CITY-ST-ZIP DAYTONA BEACH FL		1.4 CITY-ST-ZIP ORLANDO, FL 32724	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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:

GORDON GREENHALGH 4/10/97 738-4011
(904)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0070187

CR2E034 (9/96)