

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 30, 1999 8:00 am
Secretary of State

04-30-1999 90112 029 ***150.00

DOCUMENT # S54150

1. Corporation Name
FAMILY CARE COUNSELING CENTER, INC.



Principal Place of Business
442 E NEW YORK AVE
STE #10
DELAND FL 32724
US

Mailing Address
442 E NEW YORK AVE
STE #10
DELAND FL 32724
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/20/1991

4. FEI Number
59-3070150

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
21 929 N. SPRING GARDEN AV.

2a. Mailing Address
26 929 N. SPRING GARDEN AV.

Suite, Apt. #, etc.
22 163

Suite, Apt. #, etc.
27 163

City & State
23 DELAND, FL.

City & State
28 DELAND, FL.

Zip Country
24 32720 25 VOLUSIA

Zip Country
29 32720 30 VOLUSIA

9. Name and Address of Current Registered Agent

GREENHALGH, GORDON
442 E NEW YORK AVE
STE #10
DELAND FL 32724

10. Name and Address of New Registered Agent

81 Name GORDON GREENHALGH

82 Street Address (P.O. Box Number is Not Acceptable)
929 N. SPRING GARDEN AV.

83 SUITE 163

84 City DELAND

FL

85 Zip Code 32720

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 signature required when reinstating)

DATE

4/27/99

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME GREENHALGH, GORDON
STREET ADDRESS 442 E NEW YORK AVE STE 10
CITY-ST-ZIP DELAND FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

12 NAME
13 STREET ADDRESS 929 N. SPRING GARDEN AV. #163
14 CITY-ST-ZIP DELAND, FL 32720

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/99 (904) 738-4011

CR2E034 (11/98)

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