

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S54150

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: FAMILY CARE COUNSELING CENTER, INC.

## Current Principal Place of Business:

280 DIRKSEN DR  
DEBARY, FL 32713 US

## New Principal Place of Business:

132 CANAL ST.  
SUITE 18  
NEW SMYRNA BEACH, FL 32168 US

## Current Mailing Address:

280 DIRKSEN DR  
DEBARY, FL 32713 US

## New Mailing Address:

132 CANAL ST.  
SUITE 18  
NEW SMYRNA BEACH, FL 32168 US

FEI Number: 59-3070150

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GREENHALGH, GORDON  
280 DIRKSEN DR  
DEBARY, FL 32713 US

## Name and Address of New Registered Agent:

GREENHALGH, GORDON  
132 CANAL ST.  
SUITE 18  
NEW SMYRNA BEACH, FL 32168 US

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: GORDON GREENHALGH

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: GREENHALGH, GORDON  
Address: 132 CANAL ST STE 18  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: GORDON GREENHALGH

O/D

04/30/2009

Electronic Signature of Signing Officer or Director

Date