

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathiam
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V29900

(0)

1. Corporation Name

SOUTH EASTERN COUNSELING CENTER, INC.

Principal Place of Business

**1360 MINNESOTA AVE.
WINTER PARK FL 32789
US**

Mailing Address

**1360 MINNESOTA AVE.
WINTER PARK FL 32789**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/21/1992

3a. Date of Last Report

04/25/1994

4. FEI Number

59-3119233

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 has liability for interlocks under article X, section 100, Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

28

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29

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9. Name and Address of Current Registered Agent

**BROWN, RONALD E.
1360 MINNESOTA AVENUE
WINTER PARK FL 32789**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.05(2) and 607.15(8), 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 607.07(5), Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Supplemental Agent, as Applicable)

(Signature of Registered Agent, Supplemental Agent, or Secretary, as Applicable)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PT
NAME	BROWN, RONALD E.
STREET ADDRESS	1360 MINNESOTA AVE.
CITY, ST, ZIP	WINTER PARK FL
TITLE	VS
NAME	BROWN, MARGARET
STREET ADDRESS	1360 MINNESOTA AVE.
CITY, ST, ZIP	WINTER PARK FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

14 TITLE	☐ Change ☐ Addition
15 NAME	
16 STREET ADDRESS	
17 CITY, ST, ZIP	☐ Change ☐ Addition
18 TITLE	
19 NAME	
20 STREET ADDRESS	
21 CITY, ST, ZIP	☐ Change ☐ Addition
22 TITLE	
23 NAME	
24 STREET ADDRESS	
25 CITY, ST, ZIP	☐ Change ☐ Addition
26 TITLE	
27 NAME	
28 STREET ADDRESS	
29 CITY, ST, ZIP	☐ Change ☐ Addition
30 TITLE	
31 NAME	
32 STREET ADDRESS	
33 CITY, ST, ZIP	☐ Change ☐ Addition
34 TITLE	
35 NAME	
36 STREET ADDRESS	
37 CITY, ST, ZIP	☐ Change ☐ Addition
38 TITLE	
39 NAME	
40 STREET ADDRESS	
41 CITY, ST, ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 or changed, or on an attachment with an address.

SIGNATURE:

Margaret Brown
SIGNATURE AND TITLE ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Margaret Brown

4/28/95
Date

(407) 645-2259
Telephone Number