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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **V29900** **(0)**

1. Corporation Name

SOUTH EASTERN COUNSELING CENTER, INC.

Principal Place of Business	Mailing Address
1360 MINNESOTA AVE. WINTER PARK FL 32789 US	1360 MINNESOTA AVE. WINTER PARK FL 32789

3. Date Incorporated or Qualified: **04/21/1992**

3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21 616 Virginia Dr
22 Suite, Apt. #, etc.
23 City & State: Orlando, Fl
24 Zip: 32803
25 Country: Orange

2a. Mailing Address
26 616 Virginia Dr.
27 Suite, Apt. #, etc.
28 City & State: Orlando, Fl
29 Zip: 32803
30 Country: Orange

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 intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

~~BROWN, RONALD E.~~
~~1360 MINNESOTA AVENUE~~ 616 Virginia Dr.
~~WINTER PARK FL 32789~~ Orlando, Fl 32803

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 616 Virginia Dr.
83
84 City: Orlando FL 85 Zip Code: 32803

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 _____ DATE _____
Signature, Type or Print Name of Registered Agent (Required) (Note: Registered Agent signature required when changing)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PT ~~BROWN, RONALD E.~~ ~~1360 MINNESOTA AVE.~~ 616 Virginia Dr ~~WINTER PARK FL~~ Orlando, Fl	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	V Margaret Brown 616 Virginia Dr. Orlando, Fl 32803	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS ~~BROWN, MARGARET~~ ~~1360 MINNESOTA AVE.~~ 616 Virginia Dr. ~~WINTER PARK FL~~ Orlando, Fl 32803	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	S Carrie Brown 616 Virginia Dr. Orlando, Fl 32803	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

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)(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: Margaret Brown 6/4/96 (407)897-3818
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number
Margaret Brown/V Pres