

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 16, 2007 08:00 AM
Secretary of State

DOCUMENT # V29900

1. Entity Name
SOUTH EASTERN COUNSELING CENTER, INC.



Principal Place of Business
**1660 LEE ROAD
WINTER PARK, FL 32789 US**

Mailing Address
**1660 LEE ROAD
WINTER PARK, FL 32789 US**



07112007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3119233	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**BROWN, RONALD E
1031 VISTA RD.
LONGWOOD, FL 32750**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Margaret E Brown V. President 7/10/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

U00000769114

07/16/07-80014-017 158.75

10. OFFICERS AND DIRECTORS

TITLE	PDT
NAME	BROWN, RONALD E
STREET ADDRESS	1031 VISTA RD.
CITY-ST-ZIP	LONGWOOD, FL 32750

TITLE	V
NAME	BROWN, MARGARET E
STREET ADDRESS	1031 VISTA RD.
CITY-ST-ZIP	LONGWOOD, FL 32750

TITLE	S
NAME	BROWN, CARRIE E
STREET ADDRESS	849 LAKE DOE BLVD
CITY-ST-ZIP	APOPKA, FL 32703

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Margaret E Brown 7/10/07 407-599-2073
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #