

### Detail by Entity Name

Florida Profit Corporation  
ASSOCIATED COUNSELING AND EDUCATION, INC.

#### Filing Information

**Document Number** P93000030016  
**FEI/EIN Number** 59-3185624  
**Date Filed** 04/23/1993  
**State** FL  
**Status** INACTIVE  
**Last Event** VOLUNTARY  
 DISSOLUTION  
**Event Date Filed** 05/20/2002  
**Event Effective Date** NONE

#### Principal Address

4563 S ORANGE BLOSSOM TR  
ORLANDO, FL 32839-752

Changed: 05/17/1994

#### Mailing Address

4563 S ORNAGE BLOSSOM TR  
ORLANDO, FL 32839-752

Changed: 05/17/1994

#### Registered Agent Name & Address

PARRISH, LORETTA W  
4563 S ORANGE BLOSSOM TR  
ORLANDO, FL 32839-1752

Address Changed: 05/17/1994

#### Officer/Director Detail

##### **Name & Address**

Title D

PARRISH, LORETTA W  
1325 CALATHEA DR  
ORLANDO, FL

#### Annual Reports

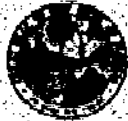
Report Year	Filed Date
1999	05/10/1999
2000	11/15/2000
2001	05/02/2001

#### Document Images

<a href="#">05/20/2002 -- Voluntary Dissolution</a>	<a href="#">View image in PDF format</a>
<a href="#">05/02/2001 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">11/15/2000 -- REINSTATEMENT</a>	<a href="#">View image in PDF format</a>
<a href="#">05/10/1999 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">05/01/1998 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/30/1997 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/30/1996 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/26/1995 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>

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

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Carolee D. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

95 APR 26 PM 1:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P93000030016 (8)**

1. Corporation Name

**ASSOCIATED COUNSELING AND EDUCATION, INC.**

Principal Place of Business

4503 S ORANGE BLOSSOM TR  
ORLANDO FL 32839-752  
US

Mailing Address

4503 S ORANGE BLOSSOM TR  
ORLANDO FL 32839-752  
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>04/23/1993</b>	3a. Date of Last Report <b>05/17/1994</b>
4. FEI Number <b>59-3185624</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
6. This corporation has liability for intangible tax under S. 183.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent

**PARRISH, LORETTA W  
4503 S ORANGE BLOSSOM TR  
ORLANDO FL 32839-1752**

10. Name and Address of New Registered Agent

81. Name

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

83. City

84. State **FL** 85. Zip Code

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, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when transferring)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>PARRISH, LORETTA W</b>
STREET ADDRESS	<b>1325 CALATHEA DR</b>
CITY - ST - ZIP	<b>ORLANDO FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 119.073(k), Florida Statutes. I further certify that the information indicated in 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: *Loretta W Parrish* Director 1/27/95 407/422-7233  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

**DOCUMENT # P93000030016 (8)**

1. Corporation Name  
**ASSOCIATED COUNSELING AND EDUCATION, INC.**

Principal Place of Business: **4563 S ORANGE BLOSSOM TR ORLANDO FL 32839-752 US**  
Mailing Address: **4563 S ORNAGE BLOSSOM TR ORLANDO FL 32839-752 US**



3. Date Incorporated or Qualified: **04/23/1993**  
3a. Date of Last Report: **04/26/1995**  
4. FEI Number: **59-3185624**  
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

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: **PARRISH, LORETTA W 4563 S ORANGE BLOSSOM TR ORLANDO FL 32839-1752**  
10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and Zip Code.

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 607.0506, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARRISH, LORETTA W	1.2 NAME	
STREET ADDRESS	1325 CALATHEA DR	1.3 STREET ADDRESS	
CITY- ST- ZIP	ORLANDO FL	1.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY- ST- ZIP		2.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

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)(k), 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: *Loretta W. Parrish* Loretta W. Parrish 1/16/96 407/422-7233  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (12/95)

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Apr 30 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P93000030016 (8)**

1. Corporation Name  
**ASSOCIATED COUNSELING AND EDUCATION, INC.**

Principal Place of Business <b>4563 S ORANGE BLOSSOM TR                  ORLANDO FL 32839-1752                  US</b>	Mailing Address <b>4563 S ORANGE BLOSSOM TR                  ORLANDO FL 32839-1752                  US</b>
---	---

3. Date Incorporated or Qualified <b>04/23/1993</b>	3a. Date of Last Report <b>04/30/1996</b>
4. FEI Number <b>59-3185624</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent <b>PARRISH, LORETTA W                  4563 S ORANGE BLOSSOM TR                  ORLANDO FL 32839-1752</b>	10. Name and Address of New Registered Agent
81. Name	82. Street Address (P.O. Box Number is Not Acceptable)
83.	84. City
	85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 and typed or printed name of registered agent and the filer (applicable). (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>PARRISH, LORETTA W</b>		1.2 NAME	
STREET ADDRESS <b>1325 CALATHEA DR</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>ORLANDO FL</b>		1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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).

SIGNATURE:  **Loretta W. Parrish** **4/16/97** **407/4-22-7233**  
Signature and typed or printed name of signing officer or director

CR2E034 (9/96)

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

May 01 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P93000030016 (8)

1. Corporation Name  
ASSOCIATED COUNSELING AND EDUCATION, INC.

Principal Place of Business  
4563 S ORANGE BLOSSOM TR  
ORLANDO FL 32839-752  
US

Mailing Address  
4563 S ORANGE BLOSSOM TR  
ORLANDO FL 32839-752  
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/23/1993	
4. FEI Number 59-3185624	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
30	Country		

PARRISH, LORETTA W.  
4563 S ORANGE BLOSSOM TR  
ORLANDO FL 32839-752

10. Name and Address of New Registered Agent  
Name: \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
City: \_\_\_\_\_ FL \_\_\_\_\_ Zip Code: \_\_\_\_\_

I, the undersigned, being a duly qualified agent for the State of Florida, do hereby certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that the information is true and correct to the best of my knowledge and belief, and that the information is true and correct to the best of my knowledge and belief.

Signature of Registered Agent: \_\_\_\_\_ Date: \_\_\_\_\_

OFFICERS AND DIRECTORS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1998
1 NAME: PARRISH, LORETTA W. 2 STREET ADDRESS: 4563 S ORANGE BLOSSOM TR 3 CITY - ST - ZIP: ORLANDO FL 32839-752 <input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4 NAME: _____ 5 STREET ADDRESS: _____ 6 CITY - ST - ZIP: _____ <input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
7 NAME: _____ 8 STREET ADDRESS: _____ 9 CITY - ST - ZIP: _____ <input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10 NAME: _____ 11 STREET ADDRESS: _____ 12 CITY - ST - ZIP: _____ <input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13 NAME: _____ 14 STREET ADDRESS: _____ 15 CITY - ST - ZIP: _____ <input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16 NAME: _____ 17 STREET ADDRESS: _____ 18 CITY - ST - ZIP: _____ <input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
19 NAME: _____ 20 STREET ADDRESS: _____ 21 CITY - ST - ZIP: _____ <input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME: _____ 23 STREET ADDRESS: _____ 24 CITY - ST - ZIP: _____ <input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
25 NAME: _____ 26 STREET ADDRESS: _____ 27 CITY - ST - ZIP: _____ <input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
28 NAME: _____ 29 STREET ADDRESS: _____ 30 CITY - ST - ZIP: _____ <input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

Signature: *Loretta W. Parrish* Date: 4/16/98 407/422-7233

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 10, 1999 8:00 am  
Secretary of State

05-10-1999 90080 048 \*\*\*150.00

0103443

PROFIT CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P93000030016

1. Corporation Name  
ASSOCIATED COUNSELING AND EDUCATION, INC.

Principal Place of Business  
4563 S ORANGE BLOSSOM TR  
ORLANDO FL 32839-752  
US

Mailing Address  
4563 S ORNAGE BLOSSOM TR  
ORLANDO FL 32839-752  
US



DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified  
04/23/1993

4. FEI Number  
59-3185624

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 Suite, Apt. #, etc.  
22 City & State  
23 Zip Country  
24

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip Country  
29 30

9. Name and Address of Current Registered Agent  
PARRISH, LORETTA W  
4563 S ORANGE BLOSSOM TR  
ORLANDO FL 32839-1752

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 607.0502 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	PARRISH, LORETTA W
STREET ADDRESS	1325 CALATHEA DR
CITY-ST-ZIP	ORLANDO FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Loretta W. Parrish* Date: April 30, 1999 Daytime Phone #: 407/422-0732

CR2E034 (11/98)

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

00 NOV 15 PM 12: 26

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **P93000030016**

1. Corporation Name  
**ASSOCIATED COUNSELING AND EDUCATION, INC.**

Principal Place of Business 4563 S ORANGE BLOSSOM TR ORLANDO FL 32839-752 US	Mailing Address 4563 S ORANGE BLOSSOM TR ORLANDO FL 32839-752 US
---	---



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip	Country	3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip	Country
--	---------	--	---------

4. Date Incorporated or Qualified To Do Business in Florida <b>04/23/1993</b>		
5. FEI Number <b>59-3185624</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status		

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	PARRISH, LORETTA W	1325 CALATHEA DR	ORLANDO FL

200003487732-2  
 -12/05/00--01071--007  
 \*\*\*750.00 \*\*\*750.00

REINSTATEMENT 00 1178

8. Name and Address of Current Registered Agent  
**PARRISH, LORETTA W**  
**4563 S ORANGE BLOSSOM TR**  
**ORLANDO FL 32839-1752**

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State <b>FL</b>	Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *Loretta Parrish* **REGISTERED AGENT MUST SIGN** Date 10/18/00

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *Loretta Parrish* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** Date 10/18/00 Daytime Phone # 407/422-7233

CR2E040 (8/00)

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2001 8:00 am**  
**Secretary of State**  
 05-02-2001 90065 047 \*\*\*150.00

**DOCUMENT # P93000030016**  
 1. Entity Name  
**ASSOCIATED COUNSELING AND EDUCATION, INC.**

Principal Place of Business <b>4563 S ORANGE BLOSSOM TR ORLANDO FL 32839-752 US</b>	Mailing Address <b>4563 S ORNAGE BLOSSOM TR ORLANDO FL 32839-752 US</b>
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>59-3185624</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

**PARRISH, LORETTA W  
4563 S ORANGE BLOSSOM TR  
ORLANDO FL 32839-1752**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City **FL** Zip Code \_\_\_\_\_

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PARRISH, LORETTA W</b>	
STREET ADDRESS	<b>1325 CALATHEA DR</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Loretta W. Parrish* **Loretta W. Parrish** 4-27-01 407/422-7233  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)



P93000030016

**BRIAN R. SEEBER**  
3740 Half Moon Drive  
Orlando, FL 32812-3818

FILED  
MAY 20 PM 12:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

407-852-9359  
Phone and Telecopier

May 16, 2002

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Associated Counseling & Education, Inc.  
Articles of Dissolution

*less*

Dear Sir or Madam:

Enclosed please find 2 original Articles of Dissolution for the above-referenced corporation, together with a check in the amount of \$43.75 to cover the filing fee and a certified copy to be returned to me at the above address.

Please advise if you have any questions in this regard.

000005574660--8  
-05/20/02--01060--007  
\*\*\*\*\*43.75 \*\*\*\*\*43.75

Very truly yours,

*B. R. Seeber*

Brian R. Seeber

*100  
5/31/02*

ARTICLES OF DISSOLUTION OF

**ASSOCIATED COUNSELING EDUCATION, INC.**

Pursuant to Section 607.1403 of the Florida Statutes, the undersigned Corporation adopts these Articles of Dissolution.

FIRST: The name of the Corporation is ASSOCIATED COUNSELING AND EDUCATION, INC.

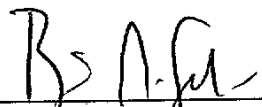
SECOND: The dissolution was authorized on May 10, 2002.

THIRD: This dissolution was approved by the shareholders. The number of votes cast in favor of the dissolution was One Hundred (100), which was sufficient for approval pursuant to law.

FOURTH: These articles of dissolution will take effect on May 15, 2002.

ASSOCIATED COUNSELING & EDUCATION, INC.

By: \_\_\_\_\_

  
Brian R. Seeber, President  
4563 S. Orange Blossom Trail  
Orlando, FL 32839

  
(SEAL)

DATED: May 10, 2002

FILED  
OCT 10 12 05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA