

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **764984** (1)
1. Corporation Name
THE COUNSELING MINISTRY OF SOUTH FLORIDA, INC.



Principal Place of Business: **3010 DESOTO BLVD CORAL GABLES FL 33139**
Mailing Address: **3010 DESOTO BLVD CORAL GABLES FL 33139**

3. Date Incorporated or Qualified: **09/13/1982**
3a. Date of Last Report: **02/20/1995**

2. Principal Place of Business
21 **3010 DESOTO BLVD**
Suite, Apt. #, etc.
22
City & State
23 **CORAL GABLES, FL**
Zip Country
24 **33134 USA**
25
2a. Mailing Address
26 **3010 DESOTO BLVD**
Suite, Apt. #, etc.
27
City & State
28 **CORAL GABLES, FL**
Zip Country
29 **33134 USA**
30

4. FEI Number: **NOT APPLICABLE**
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
CUTLER, A. BUDD
S-900 444 BRICKELL AVENUE
MIAMI FL 33137

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS	
TITLE	SD <input type="checkbox"/> DELETE
NAME	FELDMAN, JUDY
STREET ADDRESS	13085 ORTEGHA LANE
CITY - ST - ZIP	NORTH MIAMI FL 33181
TITLE	P <input type="checkbox"/> DELETE
NAME	SCHWEITZER, JOYCE
STREET ADDRESS	485 NW 210 STREET APT 205
CITY - ST - ZIP	MIAMI FL 33168
TITLE	TD <input type="checkbox"/> DELETE
NAME	ANDERS, DR. WALTER
STREET ADDRESS	78 N.E. 156TH ST.
CITY - ST - ZIP	MIAMI FL
TITLE	DM <input checked="" type="checkbox"/> DELETE
NAME	DAVIS, THOMAS DR.
STREET ADDRESS	3010 DESOTO BLVD.
CITY - ST - ZIP	CORAL GABLES FL 33134
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	DM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	ANGOTTI, KAREN
4.3 STREET ADDRESS	3010 DESOTO BLVD.
4.4 CITY - ST - ZIP	CORAL GABLES FL 33134
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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Karen Angotti **Karen Angotti**
Date: **4-24-96** Daytime Phone #: **445-4672**

CR2E037 (12/95)