

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 764984

**FILED**  
**Apr 27, 2004**  
**Secretary of State**

**Entity Name:** THE COUNSELING MINISTRY OF SOUTH FLORIDA, INC.

**Current Principal Place of Business:**

10250 SW 107 AVENUE  
MIAMI, FL 33176 US

**New Principal Place of Business:**

**Current Mailing Address:**

10250 SW 107 AVENUE  
MIAMI, FL 33176 US

**New Mailing Address:**

**FEI Number:** 65-0795759      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SULLIVAN, JOHN C  
2511 PONCE DE LEON BLVD.  
STE. 320  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

SULLIVAN, JOHN C  
834 ANASTASIA AVE.  
CORAL GABLES, FL 33134 US

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:

Electronic Signature of Registered Agent

04/27/2004

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: FORREY, PAUL REV  
Address: 1781 S.W. 120 TERR.  
City-St-Zip: MIRAMAR, FL 33025

Title: TD ( ) Delete  
Name: KETZLE, JAMES  
Address: 10523 SW 99TH TERR  
City-St-Zip: MIAMI, FL 33176

Title: VD ( ) Delete  
Name: FELDMAN, JUDITH W  
Address: 13085 ORTEGA LANE  
City-St-Zip: NORTH MIAMI, FL 33181

Title: SD (X) Delete  
Name: BRAWNER, SUZANNE G  
Address: 9100 SCHOOL HOUSE RD.  
City-St-Zip: CORAL GABLES, FL 33156

Title: PD ( ) Delete  
Name: FORREY, PAUL REV  
Address: 1781 SW 120 TERRACE  
City-St-Zip: MIRAMAR, FL 33025

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SCTY (X) Change ( ) Addition  
Name: FELDMAN, JUDITH W  
Address: 13085 ORTEGA LANE  
City-St-Zip: NORTH MIAMI, FL 33181

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VPD (X) Change ( ) Addition  
Name: WILLIAM, KOCH REV  
Address: 501 96TH STREET  
City-St-Zip: BAL HARBOR, FL 33154 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES KETZLE

Electronic Signature of Signing Officer or Director

TD

04/27/2004

Date