

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764984

FILED
Apr 21, 2005
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:

1620 DREXEL AVENUE
MIAMI BEACH, FL 33139 US

Current Mailing Address:

10250 SW 107 AVENUE
MIAMI, FL 33176 US

New Mailing Address:

1620 DREXEL AVENUE
MIAMI BEACH, FL 33139 US

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
834 ANASTASIA AVE.
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: KOCH, WILLIAM REV
Address: 501 96 STREET
City-St-Zip: BAL HARBOUR, FL 33154

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

Title: SCTY (X) Change () Addition
Name: DOTEN, KATY
Address: 4901 SW 71 PLACE
City-St-Zip: MIAMI, FL 33155

Title: VPD (X) Change () Addition
Name: KRAUS, LAURIE REV
Address: 8875 SW 83 STREET
City-St-Zip: MIAMI, FL 33173 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

TD

04/21/2005

Electronic Signature of Signing Officer or Director

Date