

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764984

FILED
Apr 30, 2008
Secretary of State

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

Current Principal Place of Business:

1620 DREXEL AVENUE
MIAMI BEACH, FL 33139 US

New Principal Place of Business:

Current Mailing Address:

1620 DREXEL AVENUE
MIAMI BEACH, FL 33139 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
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: TD () Delete
Name: KETZLE, JAMES
Address: 10523 SW 99TH TERR
City-St-Zip: MIAMI, FL 33176

Title: S () Delete
Name: YOUNSTRUM, PATRICIA
Address: 1355 ALTON ROAD
City-St-Zip: MIAMI BEACH, FL 33139

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

Title: PD () Delete
Name: HUDDER, STEVE
Address: 8360 SW 184TH LN
City-St-Zip: MIAMI, FL 33157

Title: M () Delete
Name: MANRODT, JOHN
Address: 6422 COLLINS AVE SUITE 302
City-St-Zip: MIAMI BEACH, FL 33141

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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Name:
Address:
City-St-Zip:

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JOHN MANRODT

Electronic Signature of Signing Officer or Director

EX D

04/30/2008

Date