

**2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED  
Aug 09, 2008  
Secretary of State**

DOCUMENT# 764984

**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 (X)

**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 33176Title: S ( ) Delete  
Name: YOUNSTRUM, PATRICIA  
Address: 1355 ALTON ROAD  
City-St-Zip: MIAMI BEACH, FL 33139Title: VPD ( ) Delete  
Name: KRAUS, LAURIE REV  
Address: 8875 SW 83 STREET  
City-St-Zip: MIAMI, FL 33173 USTitle: PD ( ) Delete  
Name: HUDDER, STEVE  
Address: 8360 SW 184TH LN  
City-St-Zip: MIAMI, FL 33157Title: M (X) Delete  
Name: MANRODT, JOHN  
Address: 6422 COLLINS AVE SUITE 302  
City-St-Zip: MIAMI BEACH, FL 33141**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: PD (X) Change ( ) Addition  
Name: REIZEN, VERNA P  
Address: 1230 100TH STREET  
City-St-Zip: BAY HARBOUR ISLANDS, FL 33154Title: VPSD (X) Change ( ) Addition  
Name: VOLINSKI, JOEL  
Address: 1036 NE 95TH STREET  
City-St-Zip: MIAMI SHORES, FL 33138Title: TD (X) Change ( ) Addition  
Name: CARROLL, PHILIP  
Address: 9930 SE 57TH PLACE  
City-St-Zip: MIAMI, FL USTitle: ED (X) Change ( ) Addition  
Name: YOUNGSTRUM, PATRICIA A  
Address: 1900 N. BAYSHORE DR., #4119  
City-St-Zip: MIAMI, FL 33132Title: ( ) 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: PATRICIA A. YOUNGSTRUM

ED

08/09/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director\_\_\_\_\_  
Date