

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764984

FILED
Mar 23, 2009
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: PD () Delete
Name: REIZEN, VERNA P
Address: 1230 100TH STREET
City-St-Zip: BAY HARBOUR ISLANDS, FL 33154

Title: VPSD () Delete
Name: VOLINSKI, JOEL
Address: 1036 NE 95TH STREET
City-St-Zip: MIAMI SHORES, FL 33138

Title: TD () Delete
Name: CARROLL, PHILIP
Address: 9930 SE 57TH PLACE
City-St-Zip: MIAMI, FL US

Title: ED () Delete
Name: YOUNGSTROM, PATRICIA A
Address: 1900 N. BAYSHORE DR., #4119
City-St-Zip: MIAMI, FL 33132

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: () Change () Addition
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: PATRICIA A. YUONGSTRUM

ED

03/23/2009

Electronic Signature of Signing Officer or Director

Date