

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764984

FILED  
Mar 01, 2010  
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  
Name: REIZEN, VERNA P  
Address: 1230 100TH STREET  
City-St-Zip: BAY HARBOUR ISLANDS, FL 33154

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

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

I hereby 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 all other like empowered.

SIGNATURE: VERNA P. REIZEN

PRES

03/01/2010

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

\_\_\_\_\_  
Date