2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008
Secretary of State

DOCUMENT# N06000013113

Entity Name: CARING HEART COUNSELING SERVICES INC.

Current Principal Place of Business:

6536 STADIUM DRIVE
SUITE M
ZEPHYRHILLS, FL 33542

New Principal Place of Business:

Current Mailing Address:

6536 STADIUM DRIVE
SUITE M
ZEPHYRHILLS, FL 33542

New Mailing Address:

FEI Number: 45-0541286 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COOPER, GARY D
6700 HOLLY COURT
ZEPHYRHILLS, FL 33542 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: DR ( ) Delete
Name: COOPER, GARY D
Address: 6700 HOLLY COURT
City-St-Zip: ZEPHYRHILLS, FL 33542

Title: D ( ) Delete
Name: DOWNS, LIBBEY LCSW
Address: 4632 SEABURG ROAD
City-St-Zip: ZEPHYRHILLS, FL 33542

Title: D ( ) Delete
Name: MILLARD, THEODORE PHD
Address: 3248 CARNATION LANE
City-St-Zip: ZEPHYRHILLS, FL 33541

Title: DR. ( ) Delete
Name: COOPER, LORAINE A PHD.
Address: 6700 HOLLY COURT
City-St-Zip: ZEPHYRHILLS, FL 33542

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: GARY D. COOPER DR. 04/10/2008

Electronic Signature of Signing Officer or Director — Date