FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 26 PM 3:43

DOCUMENT # 717495 (6)

1. Corporation Name
COMMUNITY CHRISTIAN COUNSELING, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
3751 SHERIDAN ST. HOLLYWOOD FL 33021	3751 SHERIDAN ST. HOLLYWOOD FL 33021

3. Date Incorporated or Qualified: 11/04/1969
3a. Date of Last Report: 01/21/1994
4. FEI Number: 59-1282441 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

9. Name and Address of Current Registered Agent

HUGHES,RAY
3475 SHERIDAN ST.
SUITE #215D
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

81 Name: (game)
82 Street Address (P.O. Box Number is Not Acceptable): 2442 Carlyle Lane
83
84 City: Hollywood FL 85 Zip Code: 33021

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	COLEMAN, CLELL	1.2 NAME	
STREET ADDRESS	2118 N 39 AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	D ☒ Change ☐ Addition
NAME	CREASMAN, HERSCHEL	2.2 NAME	Richard Compton
STREET ADDRESS	201 N UNIVERSITY DR	2.3 STREET ADDRESS	1701 Monroe Street
CITY-ST-ZIP	CORAL SPRINGS FL	2.4 CITY-ST-ZIP	Hollywood, FL 33020
TITLE	SD	3.1 TITLE	S/D ☒ Change ☐ Addition
NAME	HUGHES, LILLIAN R.	3.2 NAME	Giles, Pat
STREET ADDRESS	100 ASHBURY RD APT 104	3.3 STREET ADDRESS	3650 Washington Lane
CITY-ST-ZIP	HOLLYWOOD, FL 00000	3.4 CITY-ST-ZIP	Cooper City, FL 33026
TITLE	VD	4.1 TITLE	☐ Change ☐ Addition
NAME	LIBUTTI, KENNETH	4.2 NAME	
STREET ADDRESS	8021 SW 22NDCT	4.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL	4.4 CITY-ST-ZIP	
TITLE	TD	5.1 TITLE	☐ Change ☐ Addition
NAME	LOWE, CHARLES E	5.2 NAME	
STREET ADDRESS	5131 MONROE ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	BARCENAS, ANTONIO (	6.2 NAME	
STREET ADDRESS	3430 WASHINGTON LANE	6.3 STREET ADDRESS	
CITY-ST-ZIP	COOPER CITY FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 1/20/95 (305) 961-4250
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Clell Coleman 305-961-4250

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