

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 742957

1. Entity Name

CHRISTIAN COUNSELING MINISTRY, INC.

**FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90168 044 \*\*\*\*61.25

Principal Place of Business

539 VERSAILLES DRIVE  
MAITLAND FL 32751

Mailing Address

539 VERSAILLES DRIVE  
MAITLAND FL 32751

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1903726

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HILLARD, LOTTIE  
1233 QUINTUPLET COURT  
CASSELBERRY FL 32707

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE	DM	<input type="checkbox"/> Delete
NAME	HILLARD, LOTTIE	
STREET ADDRESS	1233 QUINTUPLET COURT	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE	DM	<input type="checkbox"/> Delete
NAME	REISERT, ROBIN M.	
STREET ADDRESS	1233 QUINTUPLET COURT	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, STEVE	
STREET ADDRESS	901 KENSINGTON GARDEN CT	
CITY-ST-ZIP	OVIEDA FL 32765	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, ANNA	
STREET ADDRESS	901 KENSINGTON GARDEN CT	
CITY-ST-ZIP	OVIEDA FL 32765	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1223 Quintuplet Ct
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	Oviedo
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	Oviedo
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Lottie K. Hillard*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/02 (401) 539-0001  
Date Daytime Phone #

CR2E037 (9/01)