

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # 742957

1. Entity Name

CHRISTIAN COUNSELING MINISTRY, INC.



Principal Place of Business
539 VERSAILLES DRIVE
MAITLAND FL 32751

Mailing Address
539 VERSAILLES DRIVE
MAITLAND FL 32751



MOORE CR2E037 (11/03)

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

7. Name and Address of New Registered Agent

HILLARD, LOTTIE
1233 QUINTUPLET COURT
CASSELBERRY FL 32707

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME
DM HILLARD, LOTTIE ☐ Delete
STREET ADDRESS
1233 QUINTUPLET COURT
CITY- ST- ZIP
CASSELBERRY FL 32707

TITLE NAME
DM REISERT, ROBIN M. ☐ Delete
STREET ADDRESS
1223 QUINTUPLET
CITY- ST- ZIP
CASSELBERRY FL 32707

TITLE NAME
D BROWN, STEVE ☐ Delete
STREET ADDRESS
901 KENSINGTON GARDEN CT
CITY- ST- ZIP
OVIEDO FL 32765

TITLE NAME
D BROWN, ANNA ☐ Delete
STREET ADDRESS
901 KENSINGTON GARDEN CT
CITY- ST- ZIP
OVIEDO FL 32765

TITLE NAME
☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME
☐ Delete
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME
NAME ☐ Change ☐ Addition
STREET ADDRESS
000000023833
CITY- ST- ZIP
02/02/04-80040-018 61.25

TITLE NAME
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

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NAME ☐ Change ☐ Addition
STREET ADDRESS
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TITLE NAME
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME
NAME ☐ Change ☐ Addition
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

1/28/04

(407) 539-0001 x226