



2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Jul 25, 2005 08:00 AM
Secretary of State

DOCUMENT # 742957 1. Entity Name CHRISTIAN COUNSELING MINISTRY, INC.	
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Principal Place of Business 539 VERSAILLES DRIVE MAITLAND, FL 32751	Mailing Address 539 VERSAILLES DRIVE MAITLAND, FL 32751
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07152005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1903726	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

HILLARD, LOTTIE
1233 QUINTUPLET COURT
CASSELBERRY, FL 32707

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	UN00000374429 07/25/05-80009-013 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DM HILLARD, LOTTIE 1233 QUINTUPLET COURT CASSELBERRY, FL 32707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DM REISERT, ROBIN M. 1233 QUINTUPLET CASSELBERRY, FL 32707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, STEVE 901 KENSINGTON GARDEN CT OVIEDO, FL 32765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, ANNA 901 KENSINGTON GARDEN CT OVIEDO, FL 32765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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* **7-21-05 (407)539-0001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #