

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 19, 2007 08:00 AM
Secretary of State

DOCUMENT # 742957

1. Entity Name

CHRISTIAN COUNSELING MINISTRY, INC.



Principal Place of Business

Mailing Address

539 VERSAILLES DRIVE
MAITLAND FL 32751

539 VERSAILLES DRIVE
MAITLAND FL 32751

2. Principal Place of Business - No P.O. Box #

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 resigning)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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

TITLE: DM ☐ Delete
NAME: REISERT, ROBIN M.
STREET ADDRESS: 1233 QUINTUPLET
CITY-STATE-ZIP: CASSELBERRY FL 32707

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

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

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:
U00000642680
03/01/07-80053-008 61.25

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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*, LOTTIE K. HILLARD

2-14-07 (407) 539-0001