

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2008 08:00 A
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
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



1st MOORE CR2E037 (10/07)

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

FILE NOW: FEE IS \$61.25 Due By: May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to: Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DM HILLARD, LOTTIE 1233 QUINTUPLET COURT CASSELBERRY FL 32707 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DM REISERT, ROBIN M. 1223 QUINTUPLET CASSELBERRY FL 32707 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	U000000815515 02/14/08-80012-012 61:25 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D BROWN, STEVE 901 KENSINGTON GARDEN CT OVIEDO FL 32765 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D BROWN, ANNA 901 KENSINGTON GARDEN CT OVIEDO FL 32765 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition

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** *Dir* **1-31-08** **407 539-0001 x116**