2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2009
Secretary of State

DOCUMENT# 742957

Entity Name: CHRISTIAN COUNSELING MINISTRY, INC.

Current Principal Place of Business:

539 VERSAILLES DRIVE
MAITLAND, FL 32751

New Principal Place of Business:

Current Mailing Address:

539 VERSAILLES DRIVE
MAITLAND, FL 32751

New Mailing Address:

FEI Number: 59-1903726 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HILLARD, LOTTIE
1233 QUINTUPLET COURT
CASSELBERRY, FL 32707 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	DM	( ) Delete
Name:	HILLARD, LOTTIE,	
Address:	1233 QUINTUPLET COURT	
City-St-Zip:	CASSELBERRY, FL 32707	
Title:	DM	( ) Delete
Name:	REISERT, ROBIN M.,	
Address:	1223 QUINTUPLET	
City-St-Zip:	CASSELBERRY, FL 32707	
Title:	D	( ) Delete
Name:	BROWN, STEVE	
Address:	901 KENSINGTON GARDEN CT	
City-St-Zip:	OVIEDO, FL 32765	
Title:	D	( ) Delete
Name:	BROWN, ANNA	
Address:	901 KENSINGTON GARDEN CT	
City-St-Zip:	OVIEDO, FL 32765	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOTTIE K. HILLARD DIR 01/09/2009

Electronic Signature of Signing Officer or Director — Date