

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 742957

**FILED**  
**Jan 18, 2010**  
**Secretary of State**

**Entity Name:** CHRISTIAN COUNSELING MINISTRY, INC.

**Current Principal Place of Business:**

539 VERSAILLES DRIVE  
MAITLAND, FL 32751

**New Principal Place of Business:**

539 VERSAILLES DRIVE  
MAITLAND, FL 32751 US

**Current Mailing Address:**

539 VERSAILLES DRIVE  
MAITLAND, FL 32751

**New Mailing Address:**

539 VERSAILLES DRIVE  
MAITLAND, FL 32751 US

**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  
Name: HILLARD, LOTTIE  
Address: 1233 QUINTUPLET COURT  
City-St-Zip: CASSELBERRY, FL 32707

Title: DM  
Name: REISERT, ROBIN M.  
Address: 1223 QUINTUPLET  
City-St-Zip: CASSELBERRY, FL 32707

Title: D  
Name: BROWN, STEVE  
Address: 901 KENSINGTON GARDEN CT  
City-St-Zip: OVIEDO, FL 32765

Title: D  
Name: BROWN, ANNA  
Address: 901 KENSINGTON GARDEN CT  
City-St-Zip: OVIEDO, FL 32765

I hereby 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 all other like empowered.

SIGNATURE: LOTTIE K. HILLARD

DIR

01/18/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date