

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **743303** (0)
1. Corporation Name
NETWORK OF CHRISTIAN COUNSELING CENTERS, INC.



Principal Place of Business
**112 70TH ST. S.
ST PETERSBURG FL 33707**

Mailing Address
**112 70TH ST. S.
ST PETERSBURG FL 33707**

3. Date Incorporated or Qualified
06/19/1978

3a. Date of Last Report
04/12/1995

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 59-1867563	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**WAKING, HAROLD
C/O PASADENA COMMUNITY CHURCH
112 70TH ST. S.
ST PETERSBURG FL 33707**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SZENAS, VIRGINIA	
STREET ADDRESS	13355 PARK BLVD	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	HOLLAND, CAROL	
STREET ADDRESS	2222 PINELLAS PT. DR. SO	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	FERNANDEZ, BETH	
STREET ADDRESS	6660 BURNING TREE DR	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	SORENSEN, RICK	
STREET ADDRESS	3180-30TH AVE. NO	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GUTKNECHT, JOAN	
STREET ADDRESS	7963 SAILBOAT KEY #402	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	WAGNER, MEG	
STREET ADDRESS	8444-35TH AVE. NO	
CITY-ST-ZIP	ST. PETERSBURG FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	✓ PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HOLLAND, CAROL	
1.3 STREET ADDRESS	2222 Pinellas Pt. Dr. So.	
1.4 CITY-ST-ZIP	St. Petersburg, FL 33712	
2.1 TITLE	✓ PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	FERNANDEZ, BETH	
2.3 STREET ADDRESS	6660 Burning Tree Dr.	
2.4 CITY-ST-ZIP	Seminole, FL 34647	
3.1 TITLE	✓ PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	HENRY NEWMAN, M.D.	
3.3 STREET ADDRESS	3301 Tarlton St. No.	
3.4 CITY-ST-ZIP	St. Petersburg, FL 33713	
4.1 TITLE	✓ SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	CAMPBELL, ROBERT	
4.3 STREET ADDRESS	139 S.E. Monroe Circle N.	
4.4 CITY-ST-ZIP	St. Petersburg, FL 33702	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	200001811582	
5.3 STREET ADDRESS	-05/07/96--01115--005	
5.4 CITY-ST-ZIP	***\$1.25	
6.1 TITLE	✓ PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	SZENAS, VIRGINIA	
6.3 STREET ADDRESS	486 Boca Ciega Pt. Blvd. N.	
6.4 CITY-ST-ZIP	St. Petersburg, FL 33708	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joan Gutknecht, Treasurer

Date
April 7, 1996

Daytime Phone #
393-6226

CR2E037 (12/95)