

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

21. Principal Place of Business	2a. Mailing Address	4. FEI Number: 59-1867563	Applied For: Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country
26. Principal Place of Business		28. Certificate of Status Desired	
27. Mailing Address		6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WANKING, HAROLD C/O PASADENA COMMUNITY CHURCH 112 70TH ST. S. ST PETERSBURG FL 33707				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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SZENAS, VIRGINIA			1.2 NAME	HOLLAND, CAROL		
STREET ADDRESS	13355 PARK BLVD			1.3 STREET ADDRESS	2222 Pinellas Pt. Dr. So.		
CITY-ST-ZIP	SEMINOLE FL			1.4 CITY-ST-ZIP	St. Petersburg, Fl 33712		
TITLE	PD	<input type="checkbox"/> DELETE		2.1 TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HOLLAND, CAROL			2.2 NAME	FERNANDEZ, BETH		
STREET ADDRESS	2222 PINELLAS PT. DR. SO			2.3 STREET ADDRESS	6660 Burning Tree Dr.		
CITY-ST-ZIP	ST. PETERSBURG FL			2.4 CITY-ST-ZIP	Seminole, Fl 34647		
TITLE	VPD	<input type="checkbox"/> DELETE		3.1 TITLE	VPD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	FERNANDEZ, BETH			3.2 NAME	HENRY NEWMAN, M.D.		
STREET ADDRESS	6660 BURNING TREE DR			3.3 STREET ADDRESS	3301 Tarlton St. No.		
CITY-ST-ZIP	SEMINOLE FL			3.4 CITY-ST-ZIP	St. Petersburg, Fl 33713		
TITLE	SD	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	SD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SORENSEN, RICK			4.2 NAME	CAMPBELL, ROBERT		
STREET ADDRESS	3180-30TH AVE. NO			4.3 STREET ADDRESS	139 S.E. Monroe Circle N.		
CITY-ST-ZIP	ST. PETERSBURG FL			4.4 CITY-ST-ZIP	St. Petersburg, Fl 33702		
TITLE	TD	<input type="checkbox"/> DELETE		5.1 TITLE	200001811582	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GUTKNECHT, JOAN			5.2 NAME	-05/07/96--01115--005		
STREET ADDRESS	7963 SAILBOAT KEY #402			5.3 STREET ADDRESS	***\$1.25		
CITY-ST-ZIP	ST. PETERSBURG FL			5.4 CITY-ST-ZIP			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WAGNER, MEG			6.2 NAME	SZENAS, VIRGINIA		
STREET ADDRESS	8444-35TH AVE. NO			6.3 STREET ADDRESS	486 Boca Ciega Pt. Blvd. N.		
CITY-ST-ZIP	ST. PETERSBURG FL			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 in an attachment with an address.

SIGNATURE: *Joan Gutknecht*
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)