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FILED
Apr 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33707-1206
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2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-1867563		3a. Date of Last Report 05/01/1996	
21	22	26	27	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24		25		29		30	
24		25		29		30	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name **WILLCOX, GLORIA**
82 Street Address (P.O. Box Number is Not Acceptable)
C/O ST. LUKE'S UNITED METHODIST CHURCH
83 **4444 5th Avenue N.**
84 City **ST PETERSBURG** FL 85 Zip Code **33713**

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]* **Gloria Willcox** DATE **April 14, 1997**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD HOLLAND, CAROL 2222 PINELLAS PT. DR. SO. ST PETERSBURG FL 33712	1.1 TITLE	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	SD CAMPBELL, ROBERT 139 SE MONROE CIR. N. ST. PETERSBURG FL 33702	2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	PD FERNANDEZ, BETH 6660 BURNING TREE DR SEMINOLE FL 34647	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	VD NEWMAN, HENRY M.D. 3301 TARLTON ST. N. ST PETERSBURG 33713	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	TD GUTKNECHT, JOAN 7963 SAILBOAT KEY #402 ST. PETERSBURG FL	5.1 TITLE	TD LARSON, JEFF
NAME		5.2 NAME	985 Marco Drive
STREET ADDRESS		5.3 STREET ADDRESS	ST PETERSBURG FL 33702
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	PD SZENAS, VIRGINIA 486 BOCA CIEGA PT., BLVD. N. ST. PETERSBURG FL 33708	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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]* **Carol Holland** DATE **April 14, 1997** (813)8625686

CP2E037 (9/96)