


FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 28 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>112 70TH ST. S. ST PETERSBURG FL 33707</b>	Mailing Address <b>112 70TH ST. S. ST PETERSBURG FL 33707-1206</b>
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3. Date Incorporated or Qualified <b>06/19/1978</b>	3a. Date of Last Report <b>05/01/1996</b>
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2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>59-1867563</b>		Applied For <input type="checkbox"/> Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
23 Zip		28 Country		29 Zip		30 Country	
24		25		29		30	

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

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 *Gloria Willcox* **Gloria Willcox** **April 14, 1997**  
Signature, typed or printed name of registered agent and title if applicable (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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOLLAND, CAROL</b>	1.2 NAME	
STREET ADDRESS	<b>2222 PINELLAS PT. DR. SO.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST PETERSBURG FL 33712</b>	1.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CAMPBELL, ROBERT</b>	2.2 NAME	
STREET ADDRESS	<b>139 SE MONROE CIR. N.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33702</b>	2.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FERNANDEZ, BETH</b>	3.2 NAME	
STREET ADDRESS	<b>6660 BURNING TREE DR</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SEMINOLE FL 34647</b>	3.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NEWMAN, HENRY M.D.</b>	4.2 NAME	
STREET ADDRESS	<b>3301 TARLTON ST. N.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST PETERSBURG 33713</b>	4.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GUTKNECHT, JOAN</b>	5.2 NAME	<b>LARSON, JEFF</b>
STREET ADDRESS	<b>7963 SAILBOAT KEY #402</b>	5.3 STREET ADDRESS	<b>985 Marco Drive</b>
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>	5.4 CITY-ST-ZIP	<b>ST PETERSBURG FL 33702</b>
TITLE	PD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SZENAS, VIRGINIA</b>	6.2 NAME	
STREET ADDRESS	<b>486 BOCA CIEGA PT., BLVD. N.</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33708</b>	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 *Carol Holland* **Carol Holland** **April 14, 1997** (813) 8675686

CP2E037 (9/96)