

FILE NOW: FILING FEE IS \$61.25

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Apr 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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
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3. Date Incorporated or Qualified 06/19/1978	
4. FEI Number 59-1067563	Applied For <input type="checkbox"/> 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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	25
29	30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
WILLCOX, GLORIA % ST. LUKE'S UNITED METHODIST CHURCH 4444 5TH AVENUE N. ST. PETERSBURG FL 33713		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	HOLLAND, CAROL	1.2 NAME	FERNANDEZ, BETH
STREET ADDRESS	2222 PINELLAS PT. DR. SO.	1.3 STREET ADDRESS	6660 BURNING TREE DR
CITY-ST-ZIP	ST PETERSBURG FL 33712	1.4 CITY-ST-ZIP	SEMINOLE FL 34647
TITLE	SD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAMPBELL, ROBERT	2.2 NAME	SCHIEFER, LENNIE
STREET ADDRESS	139 SE MONROE CIR. N.	2.3 STREET ADDRESS	10116 GULF BLVD.
CITY-ST-ZIP	ST. PETERSBURG FL 33702	2.4 CITY-ST-ZIP	TREASURE ISLAND FL 33706
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERNANDEZ, BETH	3.2 NAME	NEWMAN, HENRY M.D.
STREET ADDRESS	6660 BURNING TREE DR	3.3 STREET ADDRESS	3301 TARLTON STREET N.
CITY-ST-ZIP	SEMINOLE FL 34647	3.4 CITY-ST-ZIP	ST. PETERSBURG FL 33713
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWMAN, HENRY M.D.	4.2 NAME	LARSON, JEFF
STREET ADDRESS	3301 TARLTON ST. N.	4.3 STREET ADDRESS	985 MARCO DRIVE
CITY-ST-ZIP	ST PETERSBURG 33713	4.4 CITY-ST-ZIP	ST. PETERSBURG FL 33702
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LARSON, JEFF	5.2 NAME	JOHN W. NOBLE
STREET ADDRESS	985 MARCO DRIVE	5.3 STREET ADDRESS	1742 TANGLEWOOD DR. NE
CITY-ST-ZIP	ST. PETERSBURG FL	5.4 CITY-ST-ZIP	ST. PETERSBURG FL 33702
TITLE	PD <input type="checkbox"/> DELETE	6.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SZENAS, VIRGINIA	6.2 NAME	HOLLAND, CAROL
STREET ADDRESS	486 BOCA CIEGA PT., BLVD. N.	6.3 STREET ADDRESS	2222 PINELLAS PT. DR. SO.
CITY-ST-ZIP	ST. PETERSBURG FL 33708	6.4 CITY-ST-ZIP	ST. PETERSBURG FL 33712

14. I 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: *Beth Fernandez* **Beth Fernandez** 4/2/98 (513) 392-7596

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