

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90120 042 ****61.25

0052885

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 743303

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		06/19/1978	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1867563	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24		29		30	

9. Name and Address of Current Registered Agent

**WILLCOX, GLORIA
% ST. LUKE'S UNITED METHODIST CHURCH
4444 5TH AVENUE N.
ST. PETERSBURG FL 33713**

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		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	FERNANDEZ, BETH	1.2 NAME	
STREET ADDRESS	6660 BURNING TREE DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL 34647	1.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHIEFER, LENNIE	2.2 NAME	
STREET ADDRESS	10116 GULF BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	TREASURE ISLAND FL 33706	2.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWMNA, HENRY M.D.	3.2 NAME	
STREET ADDRESS	3301 TARTLTON STREET N	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33713	3.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARSON, JEFF	4.2 NAME	
STREET ADDRESS	985 MARCO DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG 33702	4.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOBLE, JOHN W	5.2 NAME	
STREET ADDRESS	1742 TANGLEWOOD DR NE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33702	5.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLLAND, CAROL	6.2 NAME	
STREET ADDRESS	2222 PINELLAS PT DR SO	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33712	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: *DR. GLORIA WILLCOX*
EXECUTIVE DIRECTOR 2-10-99 (727/347-0832)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)