

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 743303

1. Entity Name

NETWORK OF CHRISTIAN COUNSELING CENTERS, INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90115 019 ****61.25

Principal Place of Business

Mailing Address

112 70TH ST. S.
ST PETERSBURG FL 33707

112 70TH ST. S.
ST PETERSBURG FL 33707-1206

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1867563

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEES IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FERNANDEZ, BETH 6660 BURNING TREE DR SEMINOLE FL 34647	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCHIEFER, LENNIE 10116 GULF BLVD TREASURE ISLAND FL 33706	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NEWMNA, HENRY M.D. 3301 TARLTON STREET N ST PETERSBURG FL 33713	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LARSON, JEFF 985 MARCO DRIVE ST PETERSBURG 33702	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NOBLE, JOHN W 1742 TANGLEWOOD DR NE ST. PETERSBURG FL 33702	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOLLAND, CAROL 2222 PINELLAS PT DR SO ST PETERSBURG FL 33712	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dr. Henry Newman 3301 Tarlton Street North Saint Petersburg FL 33713	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JoAnn McElhaney 5065 76th Street North Saint Petersburg FL 37709	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Greg Cunningham 1151 Serpentine Drive South Saint Petersburg FL 33705	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tricia Rodocker 1701 20th Avenue North Saint Petersburg FL 33713	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mr. John Noble 4991 Bacopa Lane South #601 Saint Petersburg FL 33715	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mrs. Carol Holland 2222 Pinellas Point Drive South Saint Petersburg FL 33712	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *DR. GLORIA WILLCOX* **DR. GLORIA WILLCOX** **EXECUTIVE DIRECTOR** **2-26-00** **727-347-0832**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)