

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 743303

1. Entity 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

SAME

Suite, Apt. #, etc.

3. Mailing Address

SAME

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:
FEE 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
NEWMAN, HENRY** ☐ Delete
**3301 TARLTON STREET NORTH
SAINT PETERSBURG FL 33713**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Dr. Henry Newman ☐ Addition
**3301 Tarlton Street North
Saint Petersburg FL 33713**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
MCELHANEY, JOANN** ☐ Delete
**5065 - 76TH STREET NORTH
ST PETERSBURG FL 33709**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Nancy Weaver ☒ Addition
**2650 McCormick Drive #200
Clearwater FL 34619**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
NEWMNA, HENRY M.D.** ☐ Delete
**3301 TARLTON STREET N
ST PETERSBURG FL 33713**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Tricia Rodocker ☒ Addition
**1701 20th Avenue North
Saint Petersburg FL 33713**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
CUNNINGHAM, GREG** ☐ Delete
**1151 SERPENTINE DRIVE S.
SAINT PETERSBURG FL 33705**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Greg Cunningham ☐ Addition
**1151 Serpentine Drive South
Saint Petersburg FL 33705**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
NOBLE, JOHN W** ☐ Delete
**1742 TANGLEWOOD DR NE
ST. PETERSBURG FL 33702**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Mr. John Noble ☐ Addition
**4991 Bacopa Lane South #601
Saint Petersburg FL 33715**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
HOLLAND, CAROL** ☐ Delete
**2222 PINELLAS PT DR SO
ST PETERSBURG FL 33712**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Mrs. Carol Holland ☐ Addition
**2222 Pinellas Point Drive South
Saint Petersburg FL 33712**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-5-01 727/393-8720

918251



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)