

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2002 8:00 am**  
**Secretary of State**

02-26-2002 90157 020 \*\*\*\*61.25

**DOCUMENT # 743303**

1. Entity Name

**NETWORK OF CHRISTIAN COUNSELING CENTERS, INC.**

Principal Place of Business

Mailing Address

112 70TH ST. S.  
 ST PETERSBURG FL 33707

112 70TH ST. S.  
 ST PETERSBURG FL 33707

2. Principal Place of Business

3. Mailing Address

**SAME**

**SAME**

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: 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 **PD** ☐ Delete  
 NAME **NEWMAN, HENRY**  
 STREET ADDRESS **3301 TARLTON STREET NORTH**  
 CITY-ST-ZIP **SAINT PETERSBURG FL 33713**

TITLE ☐ Change ☐ Addition  
 NAME **Greg Cunningham**  
 STREET ADDRESS **6903A 16th Street N.E.**  
 CITY-ST-ZIP **Saint Petersburg FL 33702**

TITLE **SD** ☐ Delete  
 NAME **WEAVER, NANCY**  
 STREET ADDRESS **2650 MCCORMICK DR #200**  
 CITY-ST-ZIP **CLEARWATER FL 34619**

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

TITLE **PD** ☐ Delete  
 NAME **RODOCKER, TRICIA**  
 STREET ADDRESS **1701 20TH AVE N**  
 CITY-ST-ZIP **ST PETERSBURG FL 33713**

TITLE ☐ Change ☒ Addition  
 NAME **Rose Oeschger**  
 STREET ADDRESS **6400 Gulfport Blvd South**  
 CITY-ST-ZIP **Saint Petersburg FL 33707**

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

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

TITLE **TD** ☐ Delete  
 NAME **NOBLE, JOHN**  
 STREET ADDRESS **4991 BACOPA LN S #601**  
 CITY-ST-ZIP **SAINT PETERSBURG FL 33705**

TITLE ☐ Change ☒ Addition  
 NAME **Monica Cunningham**  
 STREET ADDRESS **100 Second Avenue North #320**  
 CITY-ST-ZIP **Saint Petersburg FL 33701**

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

TITLE ☐ Change ☒ Addition  
 NAME **Dr. William Smalling**  
 STREET ADDRESS **6336 Bahama Shores Drive South**  
 CITY-ST-ZIP **Saint Petersburg FL 33705**

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. GREG CUNNINGHAM, EXECUTIVE DIR. 2-1-02 727/393-8120**

CR2E037 (9/01)