

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90064 032 ****61.25

DOCUMENT # 743303

1. Entity Name
NETWORK OF CHRISTIAN COUNSELING CENTERS, INC.



Principal Place of Business
**301 58TH STREET SO.
ST PETERSBURG, FL 33707 US**

Mailing Address
**301 58TH STREET SO.
ST PETERSBURG, FL 33707 US**

40005510



2. Principal Place of Business
SAME

3. Mailing Address
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01172005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-1867563

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**SMALLING-WILLIAM
% FIRST UNITED METHODIST CHURCH
212 3RD ST N
SAINT PETERSBURG, FL 33701**

Name
SAME

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

WM. SMALLING *WM. SMALLING - EXEC. DIR.* **1-26-05**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RUTLAND, SCOTT 4194 14TH WAY N.E. SAINT PETERSBURG, FL 33701	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP CUNNINGHAM, GREG 245 EAGLES CROSSING DRIVE CLEARWATER, FL 33762	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCHOTTLER, JOAN 1160 45TH AVENUE NORTH SAINT PETERSBURG, FL 337033618	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MAL OESCHGER, ROSE 6400 GULFPORT BLVD. SOUTH SAINT PETERSBURG, FL 33707	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CUNNINGHAM, MONICA 100 SECOND AVENUE NORTH #320 SAINT PETERSBURG, FL 33701	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Scott Rutland 4194 14th Way N.E. Saint Petwrsburg FL 33701	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP Greg Cunningham 2545 Eagles Crossing Drive Clearwater FL 33762	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Joan Schottler 1160 45th Avenue North Saint Petersburg FL 33703-3618	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MAL Rose Oeschger 6400 Gulfport Blvd South Saint Petersburg FL 33707	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Monica Cunningham 100 Second Avenue North #320 Saint Petersburg FL 33701	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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:

WM. SMALLING - EXECUTIVE DIR. **1-26-05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #