

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

2/2

**FILED**  
**Mar 15, 2006 8:00 am**  
**Secretary of State**

02-24-2006 90003 001 \*\*\*\*61.25

<b>DOCUMENT # 743303</b> 1. Entity Name <b>NETWORK OF CHRISTIAN COUNSELING CENTERS, INC.</b>					
Principal Place of Business <b>301 58TH STREET SO. ST PETERSBURG, FL 33707 US</b>				Mailing Address <b>P.O. BOX 710 ST. PETERSBURG, FL 33731</b>	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>SMALLING, WILLIAM % FIRST UNITED METHODIST CHURCH 212 3RD ST N SAINT PETERSBURG, FL 33701</b>				Name <b>S Wendy Wood</b> <b>6298 Burlington Avenue North</b> <b>Saint Petersburg FL 33710</b> State <b>FL</b> Zip Code	
B. 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 <u>Wendy J. Wood</u> <b>WENDY WOOD, EXECUTIVE DIRECTOR</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D RUTLAND, SCOTT 4194 14TH WAY N.E. SAINT PETERSBURG, FL 33701</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>David McEwen PRESIDENT</b> <input type="checkbox"/> Addition <b>1019 40th Avenue North</b> <b>Saint Petersburg FL 33703</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PP CUNNINGHAM, GREG 2545 EAGLES CROSSING DRIVE CLEARWATER, FL 33762</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Scott Rutland, CLU, ChFC, PAST PRESIDENT</b> <input type="checkbox"/> Addition <b>700 Central Ave. #300</b> <b>St. Petersburg FL 33701</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S SCHOTTLER, JOAN 1160 45TH AVENUE NORTH SAINT PETERSBURG, FL 337033618</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Dana Scott SECRETARY</b> <input type="checkbox"/> Addition <b>4673 Alisa Circle</b> <b>Saint Petersburg FL 33703</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MAL OESCHGER, ROSE 6400 GULFPORT BLVD. SOUTH SAINT PETERSBURG, FL 33707</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Roland Martens MEMBER AT LARGE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>8351 33rd Avenue No.</b> <b>Saint Petersburg FL 33710</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T CUNNINGHAM, MONICA 100 SECOND AVENUE NORTH #320 SAINT PETERSBURG, FL 33701</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Allen Wohlwend TREASURER</b> <input type="checkbox"/> Addition <b>3160 Walnut Street N.E.</b> <b>St. Petersburg FL 33704</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 exemptions contained in Chapter 119, 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: <u>Wendy J. Wood</u> <b>WENDY WOOD</b>		2-19-06		721-394-0702	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

66005212



01162006 Chg-NP CRZE037 (11/05)

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

Name

S Wendy Wood

6298 Burlington Avenue North

Saint Petersburg FL 33710

C

FL

Zip Code

B. 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

Wendy J. Wood

**WENDY WOOD, EXECUTIVE DIRECTOR**

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

(NOTE: Registered Agent signature required when renewing)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**D  
RUTLAND, SCOTT  
4194 14TH WAY N.E.  
SAINT PETERSBURG, FL 33701**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**PP  
CUNNINGHAM, GREG  
2545 EAGLES CROSSING DRIVE  
CLEARWATER, FL 33762**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**S  
SCHOTTLER, JOAN  
1160 45TH AVENUE NORTH  
SAINT PETERSBURG, FL 337033618**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MAL  
OESCHGER, ROSE  
6400 GULFPORT BLVD. SOUTH  
SAINT PETERSBURG, FL 33707**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**T  
CUNNINGHAM, MONICA  
100 SECOND AVENUE NORTH #320  
SAINT PETERSBURG, FL 33701**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**David McEwen PRESIDENT** ☐ Addition  
**1019 40th Avenue North**  
**Saint Petersburg FL 33703**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**Scott Rutland, CLU, ChFC, PAST PRESIDENT** ☐ Addition  
**700 Central Ave. #300**  
**St. Petersburg FL 33701**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**Dana Scott SECRETARY** ☐ Addition  
**4673 Alisa Circle**  
**Saint Petersburg FL 33703**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**Roland Martens MEMBER AT LARGE** ☐ Change ☐ Addition  
**8351 33rd Avenue No.**  
**Saint Petersburg FL 33710**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**Allen Wohlwend TREASURER** ☐ Addition  
**3160 Walnut Street N.E.**  
**St. Petersburg FL 33704**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Wendy J. Wood  
**WENDY WOOD**

2-19-06

721-394-0702

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



ATTACHMENT  
66005212

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 28, 2006

NETWORK OF CHRISTIAN COUNSELING CENTERS, INC.  
P.O. BOX 710  
ST. PETERSBURG, FL 33731

Subject: NETWORK OF CHRISTIAN COUNSELING CENTERS, INC.

Reference Number: 743303

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

List the street address of each officer/director listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/MH  
ANNUAL REPORTS SECTION

*See  
Attachment*