2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007
Secretary of State

DOCUMENT# 743303

Entity Name: NETWORK OF CHRISTIAN COUNSELING CENTERS, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 710
ST. PETERSBURG, FL 33731

New Mailing Address:

FEI Number: 59-1867563 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WOOD, WENDY
6298 BURLINGTON AVE N
SAINT PETERSBURG, FL 33710 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MCEWEN, DAVID
Address: 1019 40TH AVE N
City-St-Zip: SAINT PETERSBURG, FL 33703

Title: PP ( ) Delete
Name: RUTLAND, SCOTT CLU CHFC
Address: 700 CTRL AVE 300
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: S ( ) Delete
Name: SCOTT, DANA
Address: 4673 ALISA CIR
City-St-Zip: SAINT PETERSBURG, FL 33703

Title: MAL ( ) Delete
Name: MARTENS, ROLAND
Address: 83581 33RD AVE N
City-St-Zip: SAINT PETERSBURG, FL 33710

Title: T ( ) Delete
Name: WOHLWEND, ALLEN
Address: 3160 WALNUT ST NE
City-St-Zip: SAINT PETERSBURG, FL 33704

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WENDY WOOD EXDI 05/01/2007
Electronic Signature of Signing Officer or Director — Date