

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743303

FILED  
Apr 14, 2009  
Secretary of State

**Entity Name:** NETWORK OF CHRISTIAN COUNSELING CENTERS, INC.

**Current Principal Place of Business:**

467 FIRST AVENUE NORTH  
ST PETERSBURG, FL 33701 US

**New Principal Place of Business:**

**Current Mailing Address:**

467 FIRST AVENUE NORTH  
ST PETERSBURG, FL 33701 US

**New Mailing Address:**

**FEI Number:** 59-1867563

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**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: 467 FIRST AVENUE NORTH  
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: T ( ) Delete  
Name: BOWMAN, LARRY  
Address: 467 FIRST AVENUE NORTH  
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: D ( ) Delete  
Name: WOOD, WENDY  
Address: 467 FIRST AVENUE NORTH  
City-St-Zip: SAINT PETERSBURG, FL 33701

**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:

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: DAVID MCEWEN

PRES

04/14/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date