# 2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED**
**Apr 21, 2009**
**Secretary of State**

DOCUMENT# 743303

**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 (X)**

**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: P (X) Change ( ) Addition
Name: SLICKER, WILLIAM
Address: 4554 CENTRAL AVE.
City-St-Zip: SAINT PETERSBURG, FL 33713

Title: T (X) Change ( ) Addition
Name: BOWMAN, LARRY
Address: 4717 DOLPHIN CAY LANE #506
City-St-Zip: SAINT PETERSBURG, FL 33711

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 L WOOD D 04/21/2009

Electronic Signature of Signing Officer or Director — Date