

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743303

FILED  
Jan 07, 2012  
Secretary of State

**Entity Name:** THE NETWORK INSTITUTE OF CHRISTIAN COUNSELING, INC.

**Current Principal Place of Business:**

467 FIRST AVENUE NORTH  
ST PETERSBURG, FL 33701 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 1297  
INDIAN ROCKS BEACH, FL 33785 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:**

JANSSEN, DUANE H  
1626 38TH AVENUE NORTH  
SAINT PETERSBURG, FL 33713 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  
Name: JANSSEN, DUANE  
Address: 1626 38TH AVENUE NORTH  
City-St-Zip: SAINT PETERSBURG, FL 33713

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

Title: D  
Name: MARTENS, ROLAND  
Address: 467 FIRST AVENUE NORTH  
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: D  
Name: JANSSEN, DUANE H  
Address: 1626 38TH AVENUE NORTH  
City-St-Zip: SAINT PETERSBURG, FL 33713

I hereby 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 all other like empowered.

SIGNATURE: DUANE H JANSSEN

PRES

01/07/2012

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

\_\_\_\_\_  
Date