

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 752791 (4)  
1. Corporation Name  
CHURCH COUNSELING CENTER, INC.



Principal Place of Business Mailing Address  
1400 GULFSHORE BLVD BLVD N.  
SUITE 200  
NAPLES FL 33940  
US

3. Date Incorporated or Qualified 06/04/1980  
3a. Date of Last Report 06/01/1995

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 59-2018778 Applied For Not Applicable	5. Certificate of Status Desired \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No
---	--	--	--	--	---

9. Name and Address of Current Registered Agent

WASS FREDERICK  
1400 GULFSHORE BLVD N.  
SUITE 200  
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	TRIPP JR, THEODORE L	
STREET ADDRESS	P O DRAWER 2040	
CITY-ST-ZIP	FT MYERS FL	
TITLE	DP	DELETE
NAME	BILYEAU, BARBARA	
STREET ADDRESS	112 3RD STREET	
CITY-ST-ZIP	BONITA SPRINGS FL	
TITLE	D	DELETE
NAME	ADLER, FATHER JOHN	
STREET ADDRESS	4500 EXECUTIVE DRIVE	
CITY-ST-ZIP	NAPLES FL	
TITLE	DT	DELETE
NAME	DAVIS, RICHARD L.	
STREET ADDRESS	315 S. ANDREWS BLVD	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	DELETE
NAME	SEALS, DIANE	
STREET ADDRESS	1308 ALMERIA	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	D	DELETE
NAME	FRANKE, HELEN	
STREET ADDRESS	450 GALLEON DR	
CITY-ST-ZIP	NAPLES FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director	Change	Addition
1.2 NAME	Anderson, Robert		
1.3 STREET ADDRESS	788 Park Shore Dr.		
1.4 CITY-ST-ZIP	Naples, FL 33940		
2.1 TITLE		Change	Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		Change	Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		Change	Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE	Proud, Joan	Change	Addition
5.2 NAME	349 Wyndemer Way		
5.3 STREET ADDRESS	Naples, FL 33999		
5.4 CITY-ST-ZIP			
6.1 TITLE		Change	Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Richard L. Davis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/96

Date

941-775-0119

Daytime Phone #

CR2E037 (12/95)