

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 13, 1999 8:00 am
Secretary of State

05-13-1999 90036 024 ****61.25

DOCUMENT # 752791

1. Corporation Name

CHURCH COUNSELING CENTER, INC.

Principal Place of Business

1400 GULFSHORE BLVD BLVD N.
SUITE 200
NAPLES FL 33940
US

Mailing Address

1400 GULFSHORE BLVD BLVD N.
SUITE 200
NAPLES FL 33940
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

06/04/1980

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

Applied For

59-2018778

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 34102 25

29 34102 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME ANDERSON, ROBERT
STREET ADDRESS 788 PARK SHORE DR
CITY-ST-ZIP NAPLES FL 33940

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE DP ☐ DELETE
NAME BILYEAU, BARBARA
STREET ADDRESS 112 3RD STREET
CITY-ST-ZIP BONITA SPRINGS FL

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME MEEHAN, FRANK
STREET ADDRESS 5326 20TH PLACE SW
CITY-ST-ZIP NAPLES FL 34116

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE DT ☐ DELETE
NAME DAVIS, RICHARD L
STREET ADDRESS 315 S. ANDREWS BLVD
CITY-ST-ZIP NAPLES FL

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME PROUD, JOAN
STREET ADDRESS 849 WYNDEMER WAY
CITY-ST-ZIP NAPLES FL 33999

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME FRANKE, HELEN
STREET ADDRESS 450 GALLEON DR
CITY-ST-ZIP NAPLES FL

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

Richard D. ...
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/15/99

Date

941-775-0119

Daytime Phone #

CR2E037 (11/98)