

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR -6 AM 6:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 759044 (1)

1. Corporation Name

CHRISTIAN COUNSELING ASSOCIATES, INC.

Principal Place of Business	Mailing Address
631 PALM SPRINGS DRIVE SUITE 116 ALTAMONTE SPRINGS FL 32701	631 PALM SPRINGS DRIVE SUITE 116 ALTAMONTE SPRINGS FL 32701

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/07/1981	3a. Date of Last Report 02/21/1994
4. FEI Number 59-2126309	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
29	30

9. Name and Address of Current Registered Agent

**FREEMAN, DANIEL C, JR
5200 SOUTH HWY 17-92
ALTAMONTE SPRINGS, FLORIDA
CASSELBERRY FL 32707**

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	ZWICK, MARJORIE
STREET ADDRESS	1408 CHESTER
CITY - ST - ZIP	MIDDLESBORO, KY 00000
TITLE	PD
NAME	FOSTER, ROBERT
STREET ADDRESS	102 ELIZABETH AVENUE
CITY - ST - ZIP	ALTAMONTE SPGS, FL 00000
TITLE	D
NAME	FREEMAN, DANIEL C JR
STREET ADDRESS	5200 SOUTH HWY 17-92
CITY - ST - ZIP	CASSELBERRY FL
TITLE	VD
NAME	ZWICK, CHARLES SR
STREET ADDRESS	1408 CHESTER
CITY - ST - ZIP	MIDDLESBORO, KY 00000
TITLE	VD
NAME	SCHWALBE, ROBERT
STREET ADDRESS	1932 LUCKY TRAIL
CITY - ST - ZIP	LONGWOOD, FL 00000
TITLE	ST
NAME	FOSTER, KARYN
STREET ADDRESS	102 ELIZABETH AVE.
CITY - ST - ZIP	ALATOMNTE SPGS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(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: *Robert L. Foster* **ROBERT L. FOSTER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/95 (407 339-0604)
Date Daytime Phone #