


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 759044 (1)
 1. Corporation Name
CHRISTIAN COUNSELING ASSOCIATES, INC.



Principal Place of Business 631 PALM SPRINGS DRIVE SUITE 116 ALTAMONTE SPRINGS FL 32701	Mailing Address 631 PALM SPRINGS DRIVE SUITE 116 ALTAMONTE SPRINGS FL 32701
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3. Date Incorporated or Qualified 07/07/1981	3a. Date of Last Report 04/06/1995
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 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	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	ZWICK, MARJORIE	
STREET ADDRESS	1408 CHESTER	
CITY - ST - ZIP	MIDDLESBORO, KY 00000	
TITLE	PO	<input type="checkbox"/> DELETE
NAME	FOSTER, ROBERT	
STREET ADDRESS	102 ELIZABETH AVENUE	
CITY - ST - ZIP	ALTAMONTE SPGS, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FREEMAN, DANIEL C JR	
STREET ADDRESS	5200 SOUTH HWY 17-92	
CITY - ST - ZIP	CASSELBERRY FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ZWICK, CHARLES SR	
STREET ADDRESS	1408 CHESTER	
CITY - ST - ZIP	MIDDLESBORO, KY 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SCHWALBE, ROBERT	
STREET ADDRESS	1832 LUCKY TRAIL	
CITY - ST - ZIP	LONGWOOD, FL 00000	
TITLE	ST	<input type="checkbox"/> DELETE
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 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: *Robert Foster* **ROBERT FOSTER** *May 5/1996* **407 339-0604**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
PRESIDENT AND DIRECTOR Date Daytime Phone #

CR2E037 (3/96)