

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 24 1997 8:00am
Secretary of State



NONPROFIT CORPORATION ANNUAL REPORT 1997

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

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 32701-7854

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/07/1981	3a. Date of Last Report 06/13/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2126309	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
FREEMAN, DANIEL C, JR 5200 SOUTH HWY 17-92 ALTAMONTE SPRINGS, FLORIDA CASSELBERRY FL 32707				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ZWICK, MARJORIE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1408 CHESTER	1.2 NAME	
STREET ADDRESS	MIDDLESBORO, KY 00000	1.3 STREET ADDRESS	
CITY- ST- ZIP		1.4 CITY- ST- ZIP	
TITLE	PD FOSTER, ROBERT	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	102 ELIZABETH AVENUE	2.2 NAME	
STREET ADDRESS	ALTAMONTE SPGS, FL 00000	2.3 STREET ADDRESS	
CITY- ST- ZIP		2.4 CITY- ST- ZIP	
TITLE	D FREEMAN, DANIEL C JR	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5200 SOUTH HWY 17-92	3.2 NAME	
STREET ADDRESS	CASSELBERRY FL	3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE	VD ZWICK, CHARLES SR	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1408 CHESTER	4.2 NAME	
STREET ADDRESS	MIDDLESBORO, KY 00000	4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE	VD SCHWALBE, ROBERT	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1932 LUCKY TRAIL	5.2 NAME	
STREET ADDRESS	LONGWOOD, FL 00000	5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE	ST FOSTER, KARYN	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	102 ELIZABETH AVE.	6.2 NAME	
STREET ADDRESS	ALATOMNTE SPGS FL	6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I do 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.

SIGNATURE: *Robert L Foster* ROBERT L FOSTER 4/10/97 PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #0012618

CR2E037 (9/96)