

5-12-98 B 7077 C
 FILE NOW: FILING FEE IS \$61.25

FILED
 May 12 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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 ALTAMONTE SPRINGS FL 32701

3. Date Incorporated or Qualified
 07/07/1981
 4. FEI Number
 59-2126309
 Applied For
 Not Applicable

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

5. Certificate of Status Desired \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
 7. Is this nonprofit corporation a homeowners association?
 Yes No
 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.
 Yes No

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
 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	<input type="checkbox"/> DELETE
NAME	ZWICK, MARJORIE	
STREET ADDRESS	1408 CHESTER	
CITY-ST-ZIP	MIDDLESBORO, KY 00000	
TITLE	PD	<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	1932 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 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 Foster* DIRECTOR PRES 4/25/98

CR2E037 (10/97)