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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # 759044

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**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/07/1981	
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	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country		

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	FL

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 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZWICK, MARJORIE	1.2 NAME	
STREET ADDRESS	1408 CHESTER	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIDDLESBORO, KY 00000	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOSTER, ROBERT	2.2 NAME	
STREET ADDRESS	102 ELIZABETH AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPGS, FL 00000	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREEMAN, DANIEL C JR	3.2 NAME	
STREET ADDRESS	5200 SOUTH HWY 17-92	3.3 STREET ADDRESS	
CITY-ST-ZIP	CASSELBERRY FL	3.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZWICK, CHARLES SR	4.2 NAME	
STREET ADDRESS	1408 CHESTER	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIDDLESBORO, KY 00000	4.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWALBE, ROBERT	5.2 NAME	
STREET ADDRESS	1932 LUCKY TRAIL	5.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD, FL 00000	5.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOSTER, KARYN	6.2 NAME	
STREET ADDRESS	102 ELIZABETH AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	ALATOMNTE SPGS FL	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: Katherine Harris ROBERT FOSTER 4/12/99 407-339-0604
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)