

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 13, 2000 8:00 am**  
**Secretary of State**

07-13-2000 90016 037 \*\*\*\*61.25

**DOCUMENT # 759044**

1. Entity Name

**CHRISTIAN COUNSELING ASSOCIATES, INC.**

*K*

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

REGU01J10



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

*631 PALM SPRINGS DRIVE*

Suite, Apt. #, etc.

*SUITE 116*

*ALTAMONTE SPGS FL 32701*

Zip *32701*

Country *USA*

4. FEI Number

**59-2126309**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**After September 13, 2000 min. will be \$236.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ZWICK, MARJORIE</b>	NAME	
STREET ADDRESS	<b>1408 CHESTER</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIDDLESBORO, KY 00000</b>	CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FOSTER, ROBERT</b>	NAME	
STREET ADDRESS	<b>102 ELIZABETH AVENUE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>ALTAMONTE SPGS, FL 00000</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FREEMAN, DANIEL C JR</b>	NAME	
STREET ADDRESS	<b>5200 SOUTH HWY 17-92</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>CASSELBERRY FL</b>	CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ZWICK, CHARLES SR</b>	NAME	
STREET ADDRESS	<b>1408 CHESTER</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIDDLESBORO, KY 00000</b>	CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHWALBE, ROBERT</b>	NAME	
STREET ADDRESS	<b>1932 LUCKY TRAIL</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>LONGWOOD, FL 00000</b>	CITY-ST-ZIP	
TITLE	<b>ST</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FOSTER, KARYN</b>	NAME	
STREET ADDRESS	<b>102 ELIZABETH AVE.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>ALATOMNTE SPGS FL</b>	CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Signature of Robert L. Foster*  
**ROBERT L. FOSTER - PRES.** *7/1/2000* *407 339-0604*