

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State

0021565

DOCUMENT # 759044

1. Entity Name

CHRISTIAN COUNSELING ASSOCIATES, INC.

04-27-2001 90285 004 ****61.25

Principal Place of Business

631 PALM SPRINGS DRIVE
 SUITE 116
 ALTAMONTE SPRINGS FL 32701

Mailing Address

631 PALM SPRINGS DRIVE
 STE 114
 ALTAMONTE SPRINGS FL 32701

2. Principal Place of Business

631 PALM SPGS. DR.
 SUITE 114
 ALTAMONTE SPGS. FL.

3. Mailing Address

631 PALM SPGS DR.
 SUITE 114
 ALTAMONTE SPGS FL.



DO NOT WRITE IN THIS SPACE

City & State
 ALTAMONTE SPGS. FL.

City & State
 ALTAMONTE SPGS FL.

4. FEI Number **59-2126309**

Applied For
 Not Applicable

Zip
 32701

Country
 USA

Zip
 32701

Country
 USA

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**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Robert L Foster **ROBERT L. FOSTER**

Director

Date

Daytime Phone #

407-339-0604

APRIL 16 2001

CR2E037 (10/00)