


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 17, 2004 8:00 am
Secretary of State

03-17-2004 90040 030 ****61.25

DOCUMENT # 759044 1. Entity Name CHRISTIAN COUNSELING ASSOCIATES, INC.	
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Principal Place of Business 631 PALM SPRINGS DRIVE SUITE 114 ALTAMONTE SPRINGS FL 32701	Mailing Address 631 PALM SPRINGS DRIVE SUITE 114 ALTAMONTE SPRINGS FL 32701
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-2126309	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



MOORE CR2E037 (11/03)

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
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: D NAME: ZWICK, MARJORIE STREET ADDRESS: 1408 CHESTER CITY-ST-ZIP: MIDDLESBORO, KY 00000	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: PD NAME: FOSTER, ROBERT STREET ADDRESS: 102 ELIZABETH AVENUE CITY-ST-ZIP: ALTAMONTE SPGS, FL 00000	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: FREEMAN, DANIEL C JR STREET ADDRESS: 5200 SOUTH HWY 17-92 CITY-ST-ZIP: CASSELBERRY FL	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD NAME: ZWICK, CHARLES SR STREET ADDRESS: 1408 CHESTER CITY-ST-ZIP: MIDDLESBORO, KY 00000	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD NAME: SCHWALBE, ROBERT STREET ADDRESS: 1932 LUCKY TRAIL CITY-ST-ZIP: LONGWOOD, FL 00000	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: ST NAME: FOSTER, KARYN STREET ADDRESS: 102 ELIZABETH AVE. CITY-ST-ZIP: ALATOMNTE SPGS FL	<input type="checkbox"/> Delete	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 MAR 15 04 339-0604
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #