


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90227 012 \*\*\*\*61.25

**DOCUMENT # 759044**  
1. Entity Name  
**CHRISTIAN COUNSELING ASSOCIATES, INC.**



Principal Place of Business      Mailing Address  
631 PALM SPRINGS DRIVE      631 PALM SPRINGS DRIVE  
SUITE 114      SUITE 114  
ALTAMONTE SPRINGS FL 32701      ALTAMONTE SPRINGS FL 32701



2. Principal Place of Business      3. Mailing Address  
*SAME - Correct Address*      *SAME Correct Address*  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

1st MOORE      CR2E037 (10/05)

City & State      City & State

4. FEI Number      Applied For  
**59-2126309**      Not Applicable

Zip      Country      Zip      Country  
*USA*      *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. I am familiar with, and accept the obligations of registered agent.  
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.       \$5.00 May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZWICK, MARJORIE 1408 CHESTER MIDDLESBORO, KY 00000 <input checked="" 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 checked="" 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 exemptions contained in Section 119, 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**      JAN. 19 '06