

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jul 11, 2007  
Secretary of State**

DOCUMENT# 759044

Entity Name: CHRISTIAN COUNSELING ASSOCIATES, INC.

**Current Principal Place of Business:**

631 PALM SPRINGS DRIVE  
SUITE 114  
ALTAMONTE SPRINGS, FL 32701

**New Principal Place of Business:**

**Current Mailing Address:**

631 PALM SPRINGS DRIVE  
SUITE 114  
ALTAMONTE SPRINGS, FL 32701

**New Mailing Address:**

FEI Number: 59-2126309      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: FOSTER, ROBERT,  
Address: 102 ELIZABETH AVENUE  
City-St-Zip: ALTAMONTE SPGS, FL 00000,

Title: D ( ) Delete  
Name: FREEMAN, DANIEL C JR,  
Address: 5200 SOUTH HWY 17-92  
City-St-Zip: CASSELBERRY, FL

Title: VD ( ) Delete  
Name: ZWICK, CHARLES SR,  
Address: 1408 CHESTER  
City-St-Zip: MIDDLESBORO, KY 00000,

Title: VD ( ) Delete  
Name: SCHWALBE, ROBERT,  
Address: 1932 LUCKY TRAIL  
City-St-Zip: LONGWOOD, FL 00000,

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT FOSTER

PD

07/11/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date