

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759044

FILED  
Mar 22, 2012  
Secretary of State

**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 ( )**

**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  
Name: FOSTER, ROBERT  
Address: 102 ELIZABETH AVENUE  
City-St-Zip: ALTAMONTE SPGS, FL 00000,

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: ROBERT L. FOSTER

PD

03/22/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date