


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90504 034 ****61.25

DOCUMENT # 759044

1. Entity Name
CHRISTIAN COUNSELING ASSOCIATES, INC.



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**

80000017



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
SAME

3. Mailing Address
SAME

Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **59-2126309**

Applied For
 Not Applicable

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 _____
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
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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* **REQUIRED** **ROBERT L. FOSTER** 4/15/03 407-339-0604

CR2E037 (10/02)