


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **764069** (1)
1. Corporation Name
CHRISTIAN FINANCIAL COUNSELING, INC.

Principal Place of Business 2282 FIRST STREET FORT MYERS FL 33901	Mailing Address 2282 FIRST STREET FORT MYERS FL 33901
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2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	22 City & State	27 City & State
23 Zip	28 Zip	25 Country	30 Country

3. Date Incorporated or Qualified 07/07/1982	
4. FEI Number 59-2211666	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No NA	

9. Name and Address of Current Registered Agent HETRICK, MAHLON L 987 CLARELLEN DRIVE FT MYERS FL 33919		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
		85 Zip Code FL	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **NA**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	P/M/Tr <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HETRICK, MAHLON L	1.2 NAME	H
STREET ADDRESS	987 CLARELLEN DRIVE	1.3 STREET ADDRESS	FT MYERS, FL 33919
CITY-ST-ZIP	FT. MYERS FL	1.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	S/Tr <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIGELOW, ROBERT L	2.2 NAME	
STREET ADDRESS	2225 IVY AVE	2.3 STREET ADDRESS	FT MYERS, FL 33907
CITY-ST-ZIP	FT. MYERS FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	Tr <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAGE, RICK	3.2 NAME	
STREET ADDRESS	3491 MELLISSA CT.	3.3 STREET ADDRESS	2425 BOGATA ST
CITY-ST-ZIP	PT. CHARLOTTE FL	3.4 CITY-ST-ZIP	PT. CHARLOTTE, FL 33980
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	T/Tr <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAISMAN, DONALD L	4.2 NAME	
STREET ADDRESS	5352 CHIPPENDALE CIR.	4.3 STREET ADDRESS	FT MYERS, FL 33919
CITY-ST-ZIP	FT. MYERS FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	Tr <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOLOGY, STEPHEN	5.2 NAME	
STREET ADDRESS	1560 OLMEDA WAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL 33901	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *[Signature]*

CR2E037 (10/97)