

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 24, 1999 8:00 am
Secretary of State

05-24-1999 90017 033 ****61.25

DOCUMENT # 764069

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		07/07/1982	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2211666	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution <input type="checkbox"/>	
24		29		30	
Country		Country			
25		30			

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 **FL** 85 Zip Code

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

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	PMTR <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HETRICK, MAHLON L	1.2 NAME	
STREET ADDRESS	987 CLARELLEN DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL 33919	1.4 CITY-ST-ZIP	
TITLE	STR <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIGELOW, ROBERT L	2.2 NAME	
STREET ADDRESS	2225 IVY AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL 33907	2.4 CITY-ST-ZIP	
TITLE	TR <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAGE, RICK	3.2 NAME	
STREET ADDRESS	2425 BOGATA ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	PT. CHARLOTTE FL 33980	3.4 CITY-ST-ZIP	
TITLE	TTR <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAISMAN, DONALD L	4.2 NAME	
STREET ADDRESS	5352 CHIPPENDALE CIR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL 33919	4.4 CITY-ST-ZIP	
TITLE	TR <input type="checkbox"/> DELETE	5.1 TITLE	<input 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, with all other like empowered.

SIGNATURE:

Mahlon L. Hetrick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-2-99
Date

(941) 337-2122
Daytime Phone #