2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#764984

FILED Apr 27, 2004 Secretary of State

Entity Name: THE COUNSELING MINISTRY OF SOUTH FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business: 10250 SW 107 AVENUE MIAMI, FL 33176 US **Current Mailing Address: New Mailing Address:** 10250 SW 107 AVENUE MIAMI, FL 33176 FEI Number: 65-0795759 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SULLIVAN, JOHN C SULLIVAN, JOHN C 2511 PONCE DE LEON BLVD. 834 ANASŤASIA AVE. STE. 320 CORAL GABLES, FL 33134 US CORAL GABLES, FL 33134 US 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: 04/27/2004 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete FORREY, PAUL REV Name: Name: 1781 S.W. 120 TERR. Address: Address: City-St-Zip: MIRAMAR, FL 33025 City-St-Zip: Title: TD () Delete Title: () Change () Addition Name: KETZLE, JAMES Name: Address: 10523 SW 99TH TERR Address: City-St-Zip: MIAMI, FL 33176 City-St-Zip: Title: VD. () Delete Title: SCTY (X) Change () Addition FELDMAN, JUDITH W Name: FELDMAN, JUDITH W Name: 13085 ORTEGA LANE Address: Address: 13085 ORTEGA LANE City-St-Zip: NORTH MIAMI, FL 33181 City-St-Zip: NORTH MIAMI, FL 33181 () Change () Addition Title: SD (X) Delete Title: BRAWNER, SUZANNE G Name: Name: 9100 SCHOOL HOUSE RD. Address: Address: City-St-Zip: CORAL GABLES, FL 33156 City-St-Zip: Title: Title: () Delete VPD (X) Change () Addition FORREY, PAUL REV Name: Name: WILLIAM, KOCH REV 1781 SW 120 TERRACE 501 96TH STREET Address: Address: City-St-Zip: MIRAMAR, FL 33025 City-St-Zip: BAL HARBOR, FL 33154 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JAMES KETZLE TD 04/27/2004