

**2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Aug 09, 2008**  
**Secretary of State**

DOCUMENT# 764984

**Entity Name:** THE COUNSELING MINISTRY OF SOUTH FLORIDA, INC.**Current Principal Place of Business:**1620 DREXEL AVENUE  
MIAMI BEACH, FL 33139 US**New Principal Place of Business:****Current Mailing Address:**1620 DREXEL AVENUE  
MIAMI BEACH, FL 33139 US**New Mailing Address:****FEI Number:** 65-0795759**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**SULLIVAN, JOHN C  
834 ANASTASIA AVE.  
CORAL GABLES, FL 33134 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:** TD ( ) Delete  
**Name:** KETZLE, JAMES  
**Address:** 10523 SW 99TH TERR  
**City-St-Zip:** MIAMI, FL 33176**Title:** S ( ) Delete  
**Name:** YOUNSTRUM, PATRICIA  
**Address:** 1355 ALTON ROAD  
**City-St-Zip:** MIAMI BEACH, FL 33139**Title:** VPD ( ) Delete  
**Name:** KRAUS, LAURIE REV  
**Address:** 8875 SW 83 STREET  
**City-St-Zip:** MIAMI, FL 33173 US**Title:** PD ( ) Delete  
**Name:** HUDDER, STEVE  
**Address:** 8360 SW 184TH LN  
**City-St-Zip:** MIAMI, FL 33157**Title:** M (X) Delete  
**Name:** MANRODT, JOHN  
**Address:** 6422 COLLINS AVE SUITE 302  
**City-St-Zip:** MIAMI BEACH, FL 33141**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PD (X) Change ( ) Addition  
**Name:** REIZEN, VERNA P  
**Address:** 1230 100TH STREET  
**City-St-Zip:** BAY HARBOUR ISLANDS, FL 33154**Title:** VPSD (X) Change ( ) Addition  
**Name:** VOLINSKI, JOEL  
**Address:** 1036 NE 95TH STREET  
**City-St-Zip:** MIAMI SHORES, FL 33138**Title:** TD (X) Change ( ) Addition  
**Name:** CARROLL, PHILIP  
**Address:** 9930 SE 57TH PLACE  
**City-St-Zip:** MIAMI, FL US**Title:** ED (X) Change ( ) Addition  
**Name:** YOUNGSTRUM, PATRICIA A  
**Address:** 1900 N. BAYSHORE DR., #4119  
**City-St-Zip:** MIAMI, FL 33132**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: PATRICIA A. YOUNGSTRUM

ED

08/09/2008

Electronic Signature of Signing Officer or Director

Date