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APPROVED AND FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS		1999 SEP 16 PM 3: 18 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # F98000000710 ✓ 1. Corporation Name ONE TO ONE FAMILY CHRISTIAN COUNSELING INC.					
Principal Place of Business		Mailing Address P.O. Box 10102 DAYTONA BEACH, FLA. 32120-0102			
2. Principal Place of Business 21 435 S. Ridgewood Suite, Apt. #, etc. 22 Suite 406 City & State 23 Daytona Beach, FL Zip 24 32114		2a. Mailing Address 25 Suite, Apt. #, etc. 26 Suite 406 City & State 27 Daytona Beach, FL Zip 28 32114		3. Date incorporated or Qualified 2/5/98 4. FEI Number 593464162 Applied For Not Applicable	
2b. Name and Address of Current Registered Agent LARRY WOLFE 200-A JOHN KNOX ROAD TALLAHASSEE, FL 32303-6643		29 City 30 FL 32303		5. Certificate of Status Desired 6. Election Campaign Financing 7. Is this nonprofit corporation a homeowners association? 8. This corporation owns or has paid the purchase price of real property 9. Personal Property Tax due June 30	
11. Pursuant to the provisions of Sections 617.0002 and 617.1608, 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 617.0603, Florida Statutes.		10. Name and Address of New Registered Agent			
SIGNATURE Signature (typed or printed name of registered agent and title is acceptable)		NAME Street Address (P.O. Box Number is Not Acceptable) City FL 32303			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP			
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP			
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP			
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP			
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP			
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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(5)(a), 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 appointed to succeed 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.		8/9/99 (203)523-7220			
SIGNATURE: <u>Antonio Church</u> DIRECTOR		DIRECTOR			