

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90061 047 ***150.00

DOCUMENT # G23294 1. Entity Name CHRISTIAN COUNSELING SERVICES, INC.					
Principal Place of Business 2700W CYPRESS CREEK RD STE D104 FORT LAUDERDALE, FL 33309-1748				Mailing Address 2700W CYPRESS CREEK RD STE D104 FORT LAUDERDALE, FL 33309-1748	
2. Principal Place of Business 2700 West Cypress Creek Rd.		3. Mailing Address 2700 West Cypress Creek Rd.			
Suite, Apt. #, etc. Suite D-121		Suite, Apt. #, etc. Suite D-121		01202004 Chg-P CR2E034 (10/03)	
City & State Ft. Lauderdale, FL		City & State Ft. Lauderdale, FL		4. FEI Number 59-2295888	
Zip 33309		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FUHRER, LINDA 2700 W CYPRESS CREEK RD STE D104 FORT LAUDERDALE, FL 33309				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ Signature, typed or printed name of registered agent and title if applicable.					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FUHRER, LINDA 2700 W CYPRESS CREEK RD STE D104 FORT LAUDERDALE, FL 33309	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HOUMES, DANIEL W. 2700 W CYPRESS CREEK RD STE D104 FORT LAUDERDALE, FL 33309	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT FUHRER, THEODORE P. 2700 W CYPRESS RD STE D104 FORT LAUDERDALE, FL 33309	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
12. 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 report or supplemental 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE <i>Theodore P. Fuhrer</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 1/22/04 Daytime Phone # 954-969-5600		