


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90346 050 ****61.25

DOCUMENT # N00000004519

1. Entity Name
AMERICAN CHRISTIAN COUNSELORS ASSOCIATION, INC.



Principal Place of Business
2111 E MICHIGAN STREET, #137 206
ORLANDO, FL 32806

Mailing Address
2111 E MICHIGAN STREET, #137 206
ORLANDO, FL 32806

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country

84047751



04072004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3690404

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
TORRES, ANGEL M.PH.D.
6683 RIVO ALTO AVE.
ORLANDO, FL 32809

7. Name and Address of New Registered Agent
 Name **TORRES, ANGEL M Ph.D.**
 Street Address (P.O. Box Number is Not Acceptable)
8323 PURCELL DRIVE
 City **ORLANDO** FL Zip Code **32825**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** Delete
 NAME **TORRES, ANGEL M PH.D**
 STREET ADDRESS **6683 RIVO ALTO AVE.**
 CITY-ST-ZIP **ORLANDO, FL 32809**

TITLE **VICE PRESIDENT** Change Addition
 NAME **8323 PURCELL DRIVE**
 STREET ADDRESS **ORLANDO, FL 32825**
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **RICHTER, LINDA PHD**
 STREET ADDRESS **211 EAST MICHIGAN ST #137**
 CITY-ST-ZIP **ORLANDO, FL 32806**

TITLE **VICE-PRESIDENT** Change Addition
 NAME **100 SOUTH GLENWOOD AVE.**
 STREET ADDRESS **ORLANDO, FL 32803**
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **WELLINGTON, SHAW PH.D**
 STREET ADDRESS **4708 MIRANDA CIR.**
 CITY-ST-ZIP **ORLANDO, FL 32818**

TITLE **PRESIDENT** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **P** Delete
 NAME **POLANCO, DANILO PH.D**
 STREET ADDRESS **2111 EAST MICHIGAN ST #137**
 CITY-ST-ZIP **ORLANDO, FL 32812**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 617, 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: *[Signature]* Date **04/16/04** Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR