

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004519

**FILED**  
**Mar 07, 2011**  
**Secretary of State**

**Entity Name:** AMERICAN CHRISTIAN COUNSELORS ASSOCIATION, INC.

**Current Principal Place of Business:**

3872 LONG BRANCH LANE  
APOPKA, FL 32712

**New Principal Place of Business:**

**Current Mailing Address:**

3872 LONG BRANCH LANE  
APOPKA, FL 32712

**New Mailing Address:**

3872 LONG BRANCH LANE  
APOPKA, FL 32712

FEI Number: 59-3690404

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

TORRES, ANGEL M PH.D  
506 BEECHWOODS AVE.  
ATAMONTE SPRINGS, FL 32714 US

**Name and Address of New Registered Agent:**

SHAW, WELLINGTON W PH.D  
.3872 LONG BRANCH LANE  
APOPKA, FL 32712 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: WELLINGTON W. SHAW

03/07/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VP  
Name: TORRES, ANGEL M PH.D  
Address: 506 BEECHWOOD J AVE.  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: P  
Name: WELLINGTON, SHAW PH.D  
Address: 3872 LONG BRANCH LANE  
City-St-Zip: APOPKA, FL 32807

I hereby 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 all other like empowered.

SIGNATURE: WELLINGTON W. SHAW

P

03/07/2011

Electronic Signature of Signing Officer or Director

Date