

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000003876

1. Entity Name

CHRISTIAN COMMUNITY COUNSELING CENTER, INC.

Principal Place of Business

Mailing Address

3896 SOUTH PLEASANT GROVE RD.  
INVERNESS FL 34452

3896 SOUTH PLEASANT GROVE RD.  
INVERNESS FL 34452

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3734908

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILKINS, MAX  
3896 SOUTH PLEASANT GROVE RD.  
INVERNESS FL 34452

Name

STORR, HOWARD

Street Address (P.O. Box Number is Not Acceptable)

3896 SOUTH PLEASANT GROVE RD.

City

INVERNESS

FL

Zip Code

34452

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D  
NAME WILKINS, MAX A  
STREET ADDRESS 3896 SOUTH PLEASANT GROVE RD.  
CITY-ST-ZIP INVERNESS FL 34452 ☒ Delete

TITLE D  
NAME WAYNE JORDON  
STREET ADDRESS 3896 SOUTH PLEASANT GROVE RD.  
CITY-ST-ZIP INVERNESS, FL 34452 ☐ Change ☒ Addition

TITLE D  
NAME WILSON, FLORENCE  
STREET ADDRESS 3896 SOUTH PLEASANT GROVE RD.  
CITY-ST-ZIP INVERNESS FL 34452 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DST  
NAME STORR, HOWARD  
STREET ADDRESS 3896 SOUTH PLEASANT GROVE RD.  
CITY-ST-ZIP INVERNESS FL 34452 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME HUGHES, JIMMY  
STREET ADDRESS 3896 SOUTH PLEASANT GROVE RD.  
CITY-ST-ZIP INVERNESS FL 34452 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME DORN, JOE  
STREET ADDRESS 3896 SOUTH PLEASANT GROVE RD.  
CITY-ST-ZIP INVERNESS FL 34452 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME THOMAS, PATRICIA  
STREET ADDRESS 3896 SOUTH PLEASANT GROVE RD.  
CITY-ST-ZIP INVERNESS FL 34452 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-02 (352) 726-7786

Date

Daytime Phone #

FILED  
Apr 24, 2002 8:00 am  
Secretary of State

04-24-2002 90340 012 \*\*\*\*70.00

B0077390



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)