

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 MAR 10 PM 6:36

DOCUMENT # N01000003876

1. Entity Name
CHRISTIAN COMMUNITY COUNSELING CENTER, INC.



Principal Place of Business
3896 SOUTH PLEASANT GROVE RD.
INVERNESS, FL 34452

Mailing Address
3896 SOUTH PLEASANT GROVE RD.
INVERNESS, FL 34452



03092004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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

STORR, HOWARD
3896 SOUTH PLEASANT GROVE RD.
INVERNESS, FL 34452

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D
NAME JORDAN, WAYNE
STREET ADDRESS 3896 SOUTH PLEASANT GROVE RD.
CITY-ST-ZIP INVERNESS, FL 34452

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

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

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

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

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

000030301520
03/11/04--01033--001 **\$1.25

**DO NOT WRITE
IN THIS SPACE**

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-09-04

Date

352-726-7786

Daytime Phone #