

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2008 08:00 AM
Secretary of State

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**



DO NOT WRITE IN THIS SPACE

01242008 No Chg-NP

CR2E037 (4/06)

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**

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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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
TICE, JERRY
3896 SOUTH PLEASANT GROVE ROAD
INVERNESS, FL 34452**

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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02/05/08-80044-028 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

01-24-2008

Date

Daytime Phone #