


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2005 8:00 am
Secretary of State

02-22-2005 90019 027 ****70.00

DOCUMENT # N01000007880 1. Entity Name ALL FAITH COUNSELING CENTER, INC.					
Principal Place of Business 1001 NE 16TH AVE GAINESVILLE, FL 32601			Mailing Address 3119 NW 75TH TERR GAINESVILLE, FL 32606		
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 80-0024935	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ADDIS, SUSAN 3119 NW 75TH TERR GAINESVILLE, FL 32606			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 <i>Susan Addis, Ph.D. Director</i> 2-19-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	M PEARCE, JIM 1520 NW 71ST ST GAINESVILLE, FL 32605 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dr. Dan Robinson V.F. Prof. of Pharmacy and Medicine Room # 3314 PO Box 108486 Gainesville, FL 32610-0486 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAHAN, JOHN 2640 NW 27 TERR GAINESVILLE, FL 32605 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pat Wihnyk 933 NW 36th Drive Gainesville, FL 32605 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED ADDIS, SUSAN PH.D 3119 NW 75TH TERR GAINESVILLE, FL 32606 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Jean Evans 4000 NW 53rd Ave. Gainesville, FL 32653 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M LANE, TOMMY 3015 SW 81ST ST GAINESVILLE, FL 32607 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Lane, Tommy 3601 SW 2nd Ave., Suite M Gainesville, FL 32605 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CUENCA, CARMEN 709 NW 84TH ST GAINESVILLE, FL 32601 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Dr. Freeman Gallmon 718 SE 11th St. Gainesville, FL 32641 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M PEARCE, JANE 4000 NW 53RD AVE GAINESVILLE, FL 32653 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Susan Addis, Ph.D. Director</i> 2-19-05 352 381-5577 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					