
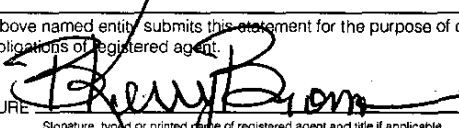
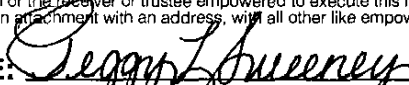


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90108 012 ****61.25

DOCUMENT # N02000000390 1. Entity Name CHRISTIAN COUNSELING FOUNDATION, INC.						
Principal Place of Business 314 BLOOMINGDALE AVENUE BRANDON, FL 33511			Mailing Address P.O. BOX 16915 TAMPA, FL 33687			
2. Principal Place of Business Christian Counseling Found. Suite, Apt. #, etc. 8080 N. 56th Street		3. Mailing Address Christian Counseling Found. Suite, Apt. #, etc. P.O. Box 16915				
City & State Tampa, FL		City & State Tampa, FL		4. FEI Number 04-3591667		
Zip 33617		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent ALBAUGH, MITCHELL E 314 BLOOMINGDALE AVENUE EAST BRANDON, FL 33511			7. Name and Address of New Registered Agent Name B. Kerry Brown Street Address (P.O. Box Number is Not Acceptable) 8080 N. 56th Street City Tampa FL Zip Code 33617			
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  DATE 04/02/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>						
Filing Fee is \$61.25 Due by May 1, 2004		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	DP ALBAUGH, MITCHELL E 1436 PEACHFIELD DRIVE VALRICO, FL 33594	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Reba Cook 8203 Broward Place Tampa, FL 33637	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS SWEENEY, PEGGY 12407 PAMPAS PLACE TAMPA, FL 33617	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ralph Walker 414 S. Riverhills Dr. Temple Terrace, FL 33617	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CULP, ED 4116 E 99TH AVE TAMPA, FL 33617	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ed Culp 1344 Norwick Dr. Lutz, FL 33559	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kelly Reese 21548 Trumpeter Drive Land O'Lakes, FL 33639	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Peggy Sweeney 12407 Pampas Pl. Temple Terrace, FL 33617	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	<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: 			Date 4/19/04 Daytime Phone # 813-849-6720			