
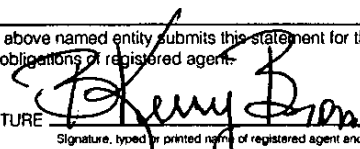
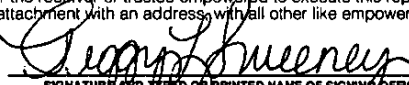


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 29, 2005 8:00 am**  
**Secretary of State**

08-29-2005 90143 033 \*\*\*\*61.25

<b>DOCUMENT # N02000000390</b> 1. Entity Name <b>CHRISTIAN COUNSELING FOUNDATION, INC.</b>					
Principal Place of Business <b>8080 N. 56TH ST. TAMPA, FL 33617</b>			Mailing Address <b>8080 N. 56TH ST. TAMPA, FL 33617</b>		
2. Principal Place of Business		3. Mailing Address <b>P.O. Box 16915</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>Tampa FL</b>		4. FEI Number <b>04-3591667</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>33687</b>		Country <b>USA</b>		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>BROWN, B. KERRY 8080 N. 56TH ST. TAMPA, FL 33617</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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  DATE <b>8/24/05</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>COOK, REBA</b> <b>8203 BROWARD PLACE</b> <b>TAMPA, FL 33637</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DST</b> <b>SWEENEY, PEGGY</b> <b>12407 PAMPAS PLACE</b> <b>TAMPA, FL 33617</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CULP, ED</b> <b>1344 NORWICK DR.</b> <b>LUTZ, FL 33559</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WALKER, RALPH</b> <b>414 S. RIVERHILLS DR.</b> <b>TEMPLE TERRACE, FL 33617</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>REESE, KELLY</b> <b>21548 TRUMPETER DR.</b> <b>LAND O'LAKES, FL 33639</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			
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.					
<b>SIGNATURE:</b> 		<b>8/22/05</b>		<b>813-849-6720</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>PEGGY L. SWEENEY</b>		Date		Daytime Phone #	

**50063718**



05112005 Chg-NP CR2E037 (10/03)