

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90517 028 ****61.25

DOCUMENT # N02000000390

1. Entity Name

CHRISTIAN COUNSELING FOUNDATION, INC.



Principal Place of Business

**314 BLOOMINGDALE AVENUE
BRANDON FL 33511**

Mailing Address

**314 BLOOMINGDALE AVENUE
BRANDON FL 33511**

11004073

2. Principal Place of Business

314 E. Bloomingdale Ave

3. Mailing Address

P.O. Box 16915

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Brandon, FL 33511-8155

City & State

Tampa, FL 33687

4. FEI Number

04-3591667

Applied For

Not Applicable

Zip

33511-8155

Country

USA

Zip

33687

Country

USA

5. Certificate of Status Desired ☐ **\$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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **D, P**
STREET ADDRESS **Mitchell E. Albaugh**
CITY-ST-ZIP **1436 Peachfield Drive
Valrico, FL 33594**

TITLE ☐ Delete
NAME **D, VP/S**
STREET ADDRESS **Peggy Sweeney**
CITY-ST-ZIP **12407 Pampas Place
Temple Terrace, FL 33617**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **Ed Culp**
CITY-ST-ZIP **4116 E. 99th Ave.
Tampa, FL 33617**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

MITCHELL E. Albaugh, Pres. 4-14-03 8136910099

CR2E037 (10/02)