

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 26, 2005
Secretary of State**

DOCUMENT# N03000002068

Entity Name: CHRISTIAN CRISIS COUNSELING SERVICES, INC.

Current Principal Place of Business:

5652 SE COLLINS AVE
STUART, FL 34997 US

New Principal Place of Business:

Current Mailing Address:

5652 SE COLLINS AVE
STUART, FL 34997 US

New Mailing Address:

FEI Number: 65-1176653 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRAY, PHILLIP L
5652 SE COLLINS AVE
STUART, FL 34997 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GRAY, PHILLIP L
Address: 5652 SE GOMEZ AVE
City-St-Zip: STUART, FL 34997

Title: SD () Delete
Name: GRAY, CAROLYN
Address: 5852 SE GOMEZ AVE
City-St-Zip: STUART, FL 34997

Title: TD () Delete
Name: GRAY, MATTHEW
Address: PO BOX 2132
City-St-Zip: HOBE SOUND, FL 33475

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GRAY, PHILLIP L
Address: 5652 SE COLLINS AVE
City-St-Zip: STUART, FL 34997

Title: SD (X) Change () Addition
Name: GRAY, CAROLYN
Address: 5652 SE COLLINS AVE
City-St-Zip: STUART, FL 34997

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PHILLIP L GRAY

PD

04/26/2005

Electronic Signature of Signing Officer or Director

_____ Date