

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002068

FILED
Apr 23, 2007
Secretary of State

Entity Name: CHRISTIAN CRISIS COUNSELING SERVICES, INC.

Current Principal Place of Business:

1631 SEXTON RD
DENTON, FL 27239 US

New Principal Place of Business:

1545 N ANDREWS AVE
FT. LAUDERDALE, FL 33311 US

Current Mailing Address:

PO 2132
HOBE SOUND, FL 33475 US

New Mailing Address:

PO BOX 23974
OAKLAND PARK, FL 33307 US

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
PO BOX 2132
HOBE SOUND, FL 33475 US

Name and Address of New Registered Agent:

GRAY, PHILLIP L
1533 N ANDREWS AVE
FT. LAUDERDALE, FL 33311 US

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

04/23/2007

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GRAY, PHILLIP L
Address: 1631 SEXTON RD
City-St-Zip: DENTON, NC 27239

Title: SD () Delete
Name: GRAY, CAROLYN
Address: 1631 SEXTON RD
City-St-Zip: DENTON, NC 27239

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: PO BOX 23974
City-St-Zip: OAKLAND :PARK, FL 33307

Title: SD (X) Change () Addition
Name: GRAY, CAROLYN
Address: PO BOX 23974
City-St-Zip: OAKLAND PARK, FL 33307

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 Chapter 119, 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 GRAY

Electronic Signature of Signing Officer or Director

PD

04/23/2007

Date