

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 18, 2008  
Secretary of State**

DOCUMENT# N03000002068

Entity Name: CHRISTIAN CRISIS COUNSELING SERVICES, INC.

**Current Principal Place of Business:**

1545 N ANDREWS AVE  
FT. LAUDERDALE, FL 33311 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 23974  
OAKLAND PARK, FL 33307 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  
1533 N ANDREWS AVE  
FT. LAUDERDALE, FL 33311 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: PO BOX 23974  
City-St-Zip: OAKLAND :PARK, FL 33307

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: SDTD (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 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: DR PHILLIP GRAY

PD

03/18/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date