2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2005
Secretary of State

DOCUMENT# N03000006494

Entity Name: CHRISTIAN FAMILY COUNSELING,INC.

Current Principal Place of Business:

2876 MOODY AVE.
ORANGE PARK, FL 32073 US

New Principal Place of Business:

Current Mailing Address:

2876 MOODY AVE.
ORANGE PARK, FL 32073 US

New Mailing Address:

6108 DUCLAY RD
JACKSONVILLE, FL 32244 US

FEI Number: 20-0141544 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BOLE, ROBERT H
6108 DUCLAY RD
JACKSONVILLE, FL 32244 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: D ( ) Delete
Name: BOLE, ROBERT H
Address: 6108 DUCLAY RD.
City-St-Zip: JACKSONVILLE, FL 32244 US

Title: D ( ) Delete
Name: JUSTICE, MATT
Address: 2169 ACORN MANOR
City-St-Zip: MIDDLEBURG, FL 32068 US

Title: D ( ) Delete
Name: FOUNTAIN, RHODA
Address: 59 ZEBRA ST.
City-St-Zip: MIDDLEBURG, FL 32068

Title: D ( ) Delete
Name: BOLE, JOHNNA
Address: 6108 DUCLAY RD
City-St-Zip: JACKSONVILLE, FL 32244 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: JOHNNA M. BOLE D 07/21/2005
Electronic Signature of Signing Officer or Director Date