2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2008
Secretary of State

DOCUMENT# N06000007633

Entity Name: CRISIS & CHRISTIAN COUNSELING, INC.

Current Principal Place of Business:

1431 WEST 23RD ST
JACKSONVILLE, FL 32209

New Principal Place of Business:

353 KING ST
JACKSONVILLE, FL 32204

Current Mailing Address:

P.O. BOX 26584
JACKSONVILLE, FL 32226

New Mailing Address:

FEI Number: 65-1283120 **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:

WILLIAMS, JR., JAMES B DR.
1431 WEST 23RD ST
JACKSONVILLE, FL 32209 US

Name and Address of New Registered Agent:

WILLIAMS, JR., JAMES B DR.
13028 NOTRE DAME LANE N
JACKSONVILLE, FL 32218 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: _____ 07/11/2008
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: WILLIAMS, JR., JAMES B
Address: 1431 WEST 23RD ST
City-St-Zip: JACKSONVILLE, FL 32209

Title: VP ( ) Delete
Name: WILLIAMS, JASMINE B
Address: 1431 WEST 23RD ST
City-St-Zip: JACKSONVILLE, FL 32209

Title: S ( ) Delete
Name: MARSHALL, ROSALIND R
Address: 10331 PALMETTO BAY ROAD
City-St-Zip: JACKSONVILLE, FL 32218

Title: O ( ) Delete
Name: GOLDEN, PERCY
Address: 12201 CEDAR TRACE DR., SOUTH
City-St-Zip: JACKSONVILLE, FL 33246

Title: O ( ) Delete
Name: LOCKABILL, DEBRA
Address: 124 BROWER STREET
City-St-Zip: DECATURE, GA 33330

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: WILLIAMS, JR., JAMES B
Address: 13028 NOTRE DAME LANE N
City-St-Zip: JACKSONVILLE, FL 32218

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 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: JAMES B. WILLIAMS JR P 07/11/2008
Electronic Signature of Signing Officer or Director — Date