

2013 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

APPROVAL
AND
FILED

13 DEC 31 PM 3:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N07000010255

1. Entity Name

THE INSTITUTE OF CHRISTIAN COUNSELING, CORP.



Principal Place of Business
1611 JAYDELL CIRCLE
D 004 A
TALLAHASSEE, FL 32308

Mailing Address
PO BOX 672
THOMASVILLE, GA 31799



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

12312013 REIN-NP CR2E099 (12/11)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
APPLIED FOR

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHNSON, DELORES
1611 JAYDELL CIRCLE SUITE D004A
TALLAHASSEE, FL 32308

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$236.25
After January 1, 2014, Fee will be \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME JOHNSON, DELORES G
STREET ADDRESS 1611 JAYDELL CIRCLE SUITE D004A
CITY- ST- ZIP TALLAHASSEE, FL 32308

TITLE ☐ Delete
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STREET ADDRESS
CITY- ST- ZIP

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CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY- ST- ZIP

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NAME
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CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

D. Johnson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

E-MAIL ADDRESS

dloresjohnson@gmail.com