

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000007655

FILED
Apr 10, 2009
Secretary of State

Entity Name: SOUTH FLORIDA ASSOCIATION OF CHRISTIAN COUNSELORS, INC.

Current Principal Place of Business:

8092 BAUTISTA WAY
PALM BEACH GARDENS, FL 33418 US

New Principal Place of Business:

117 SARONA CIRCLE
ROYAL PALM BEACH, FL 33411 US

Current Mailing Address:

8092 BAUTISTA WAY
PALM BEACH GARDENS, FL 33418 US

New Mailing Address:

117 SARONA CIRCLE
ROYAL PALM BEACH, FL 33411 US

FEI Number: 34-2042207

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

POPADIC, TIMOTHY M
8092 BAUTISTA WAY
PALM BEACH GARDENS, FL 33418 US

Name and Address of New Registered Agent:

CLARKE, ALICIA M
117 SARONA CIRCLE
ROYAL PALM BEACH, FL 33411 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: ALICIA M. CLARKE

04/10/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: POPADIC, TIMOTHY M
Address: 8092 BAUTISTA WAY
City-St-Zip: PALM BEACH GARDENS, FL 33418 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ADMN (X) Change () Addition
Name: CLARKE, ALICIA M
Address: 117 SARONA CIRCLE
City-St-Zip: ROYAL PALM BEACH, FL 33411 US

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: ALICIA M. CLARKE

ADMN

04/10/2009

Electronic Signature of Signing Officer or Director

Date