

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000009792

FILED
Apr 26, 2012
Secretary of State

Entity Name: NEW IMAGE CHRISTIAN COUNSELING INC

Current Principal Place of Business:

6771 SALT POND DR NORTH
JACKSONVILLE, FL 32219

New Principal Place of Business:

Current Mailing Address:

6771 SALT POND DR NORTH
JACKSONVILLE, FL 32219

New Mailing Address:

FEI Number: 45-3616496

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMAS III, WILBERT
6771 SALT POND DR NORTH
JACKSONVILLE, FL 32219 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: P
Name: THOMAS, WILBERT
Address: 6771 SALT POND DR NORTH
City-St-Zip: JACKSONVILLE, FL 32219

Title: TD
Name: THOMAS, STEPHENIA
Address: 6771 SALT POND DR NORTH
City-St-Zip: JACKSONVILLE, FL 32219

Title: VP
Name: MCKNIGHT, MONTEREIO
Address: 6802 LENEZYK DR.
City-St-Zip: JACKSONVILLE, FL 32277

Title: SD
Name: THOMAS, STEPHENIA
Address: 6771 SALT POND DR NORTH
City-St-Zip: JACKSONVILLE, FL 32219

I hereby 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 all other like empowered.

SIGNATURE: WILBERT THOMAS III

P

04/26/2012

Electronic Signature of Signing Officer or Director

Date