

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13551

FILED
Apr 17, 2006
Secretary of State

Entity Name: THE PRESBYTERIAN COUNSELING CENTER, INC.

Current Principal Place of Business:

620 SOUTH GRANDVIEW AVENUE
DAYTONA BEACH, FL 32118

New Principal Place of Business:

430 BRADDOCK AVENUE
DAYTONA BEACH, FL 32118

Current Mailing Address:

620 SOUTH GRANDVIEW AVENUE
DAYTONA BEACH, FL 32118

New Mailing Address:

430 BRADDOCK AVENUE
DAYTONA BEACH, FL 32118

FEI Number: 59-2750846

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUGHES, DAVID
4 OCEANS WEST BLVD 702-D
DAYTONA BEACH, FL 32118 US

Name and Address of New Registered Agent:

HUGHES, R. DAVID
4 OCEANS WEST BLVD 702-D
DAYTONA BEACH, FL 32118 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: R. DAVID HUGHES

04/17/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HUGHES, DAVID
Address: 4 OCEANS BLVD. 7002-D
City-St-Zip: DAYTONA BEACH, FL 32118

Title: PD () Delete
Name: WALKER, LAURA B
Address: 1935 S. PENINSULA DRIVE
City-St-Zip: DAYTONA BEACH, FL 32118

Title: SD () Delete
Name: COLE, ROSE MARY
Address: 3333 S. ATLANTIC AVENUE, #901
City-St-Zip: DAYTONA BEACH, FL 32118

Title: TD () Delete
Name: PRATT, MARIAN
Address: 50 SEA ISLAND DR., N.
City-St-Zip: ORMOND BEACH, FL 32176

Title: D () Delete
Name: SCHAFER, DAN
Address: 319 WATER OAK LANE
City-St-Zip: ORMOND BEACH, FL 32174

Title: D () Delete
Name: KROLL, PAT
Address: 1 BROOKSIDE CT
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HUGHES, R. DAVID
Address: 4 OCEANS BLVD. 7002-D
City-St-Zip: DAYTONA BEACH, FL 32118

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

Title: SD (X) Change () Addition
Name: MCCLELLAN, JUNE
Address: 1200 FLORAL SPRINGS BLVD., APT. 12102
City-St-Zip: PORT ORANGE, FL 32129

Title: TD (X) Change () Addition
Name: SIMS, LARRY
Address: 5 CIRCLE OAKS TRAIL
City-St-Zip: ORMOND BEACH, FL 32176

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

Title: ED (X) Change () Addition
Name: BAER, LEX DR.
Address: 13 BROOKSIDE CIRCLE
City-St-Zip: ORMOND BEACH, FL 32174

I hereby certify that the information supplied with this filing does not qualify for the 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: R. DAVID HUGHES

PD

04/17/2006

Electronic Signature of Signing Officer or Director

Date