## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13551

FILED Apr 11, 2007 Secretary of State

Entity Name: THE PRESBYTERIAN COUNSELING CENTER, INC.

Current Principal Place of Business: New Principal Place of Business:

430 BRADDOCK AVENUE DAYTONA BEACH, FL 32118

Current Mailing Address: 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: Name and Address of New Registered Agent:

HUGHES, R. DAVID
4 OCEANS WEST BLVD 702-D
SUMNER, REV JEFF
1385 HIGHPARK DR

DAYTONA BEACH, FL 32118 US PORT ORANGE, FL 32128 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: ALEXANDER J BAER 04/11/2007

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: HUGHES, R. DAVID Name: SUMNER, REV JEFF

Address: 4 OCEANS BLVD. 7002-D Address: 1385 HIGHPARK DR
City-St-Zip: DAYTONA BEACH, FL 32118 City-St-Zip: PORT ORANGE, FL 32128

Title: PD ( ) Delete Title: (X) Change ( ) Addition WALKER, LAURA B Name: FOLEY, REV. MICHAEL DR Name: Address: 1935 S. PENINSULA DRIVE Address: 580 MORNING SUN DR. City-St-Zip: DAYTONA BEACH, FL 32118 City-St-Zip: ORMOND BEACH, FL 32174

Title: SD () Delete Title: SD (X) Change () Addition

Name: MCCLELLAN, JUNE Name: CZECZOT, CAROL C
Address: 1200 FLORAL SPRINGS BLVD., APT. 12102 Address: 145 HALIFAX AVE #511
City-St-Zip: PORT ORANGE, FL 32129 City-St-Zip: DAYTONA BEACH, FL 32118

Title: TD () Delete Title: TD (X) Change () Addition Name: SIMS, LARRY Name: HUGHES, DAVID R

Address: 5 CIRCLE OAKS TRAIL Address: 4 OCEANS WEST BLVD. 702-D
City-St-Zip: ORMOND BEACH, FL 32176 City-St-Zip: DAYTONA BEACH SHORES, FL 32118

Title: D (X) Delete Title: ( ) Change ( ) Addition

 Name:
 SCHAFER, DAN
 Name:

 Address:
 319 WATER OAK LANE
 Address:

 City-St-Zip:
 ORMOND BEACH, FL 32174
 City-St-Zip:

Title: ED ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 BAER, LEX DR.
 Name:

 Address:
 13 BROOKSIDE CIRCLE
 Address:

 City-St-Zip:
 ORMOND BEACH, FL 32174
 City-St-Zip:

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: REV DR LEX BAER ED 04/11/2007