2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2008
Secretary of State

DOCUMENT# N13551

Entity Name: THE PRESBYTERIAN COUNSELING CENTER, INC.

Current Principal Place of Business:

430 BRADDOCK AVENUE
DAYTONA BEACH, FL 32118

New Principal Place of Business:

Current Mailing Address:

430 BRADDOCK AVENUE
DAYTONA BEACH, FL 32118

New Mailing Address:

430 BRADDOCK AVENUE
DAYTONA BEACH, FL 32118 US

FEI Number: 59-2750846 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SUMNER, REV JEFF
1385 HIGHPARK DR
PORT ORANGE, FL 32128 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:	PD	( ) Delete
Name:	SUMNER, REV JEFF	
Address:	1385 HIGHPARK DR	
City-St-Zip:	PORT ORANGE, FL 32128	
Title:	PD	( ) Delete
Name:	FOLEY, REV. MICHAEL DR	
Address:	580 MORNING SUN DR.	
City-St-Zip:	ORMOND BEACH, FL 32174	
Title:	SD	( ) Delete
Name:	CZECZOT, CAROL C	
Address:	145 HALIFAX AVE #511	
City-St-Zip:	DAYTONA BEACH, FL 32118	
Title:	TD	( ) Delete
Name:	HUGHES, DAVID R	
Address:	4 OCEANS WEST BLVD. 702-D	
City-St-Zip:	DAYTONA BEACH SHORES, FL 32118	
Title:	ED	( ) Delete
Name:	BAER, LEX DR.	
Address:	13 BROOKSIDE CIRCLE	
City-St-Zip:	ORMOND BEACH, FL 32174	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: DR. LEX BAER ED 02/13/2008

Electronic Signature of Signing Officer or Director — Date