2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13551

FILED Jan 16, 2009 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 US

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:

SUMNER, REV JEFF FOLEY, MICHAEL REV DR 1385 HIGHPARK DR 10 EILEEN TER

PORT ORANGE, FL 32128 US ORMOND BEACH, FL 32174 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. MICHAEL FOLEY 01/16/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: PD () Delete Title: PD (X) Change () Addition

Name:SUMNER, REV JEFFName:FOLEY, MICHAEL REV DRAddress:1385 HIGHPARK DRAddress:10 EILEEN TER

City-St-Zip: PORT ORANGE, FL 32128 City-St-Zip: ORMOND BEACH, FL 32174

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

Name:FOLEY, REV. MICHAEL DRName:BOND-WALKER, LAURAAddress:580 MORNING SUN DR.Address:1935 S. PENINSULA DRCity-St-Zip:ORMOND BEACH, FL 32174City-St-Zip:DAYTONA BEACH, FL 32118

Title: SD () Delete Title: SD (X) Change () Addition Name: CZECZOT, CAROL C Name: BARRINGER, HARRIET

Address: 145 HALIFAX AVE #511 Address: 39 LAUREL RIDGE BREAK
City-St-Zip: DAYTONA BEACH, FL 32118 City-St-Zip: ORMOND BEACH, FL 32174

Title: TD () Delete Title: () Change () Addition

 Name:
 HUGHES, DAVID R
 Name:

 Address:
 4 OCEANS WEST BLVD. 702-D
 Address:

 City-St-Zip:
 DAYTONA BEACH SHORES, FL 32118
 City-St-Zip:

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

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: AJBAER ED 01/16/2009