FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 9:03
SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # N21018 (9)

1. Corporation Name

A CENTER FOR CHRISTIAN COUNSELING, INC.

Principal Place of Business	Mailing Address
C/O STEPHEN R. SHIPLEY 934 N MAGNOLIA AVE., STE 305 ORLANDO FL 32803 US	%STEPHEN R. SHIPLEY 934 N MAGNOLIA AVE., STE 305 ORLANDO FL 32803 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/08/1987
3a. Date of Last Report: 04/20/1994
4. FEI Number: 59-2809654 — Applied For / Not Applicable

2. Principal Place of Business — 21; Suite, Apt #, etc — 22; City & State — 23; Zip — 24; Country — 25
2a. Mailing Address — 26; Suite, Apt #, etc — 27; City & State — 28; Zip — 29; Country — 30

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ — $68.75 Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SHIPLEY, STEPHEN R.
934 N MAGNOLIA AVE
STE 305
ORLANDO FL 32803

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE ____ DATE ____

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	SHIPLEY, STEPHEN R.
STREET ADDRESS	934 N MAGNOLIA AVE
CITY-ST-ZIP	ORLANDO FL
TITLE	D
NAME	SHINDOLL, HAROLD L.
STREET ADDRESS	4601 JUDY COURT
CITY-ST-ZIP	ORLANDO FL
TITLE	D
NAME	HANKINS, DANA H.
STREET ADDRESS	8770 LARWIN LANE
CITY-ST-ZIP	ORLANDO FL
TITLE	D
NAME	JONES, KENNETH L.
STREET ADDRESS	4039 LAKE MIRA DR
CITY-ST-ZIP	ORLANDO FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

		Change	Addition
1-1 TITLE		☐	☐
1-2 NAME			
1-3 STREET ADDRESS			
1-4 CITY-ST-ZIP			
2-1 TITLE		☐	☐
2-2 NAME			
2-3 STREET ADDRESS			
2-4 CITY-ST-ZIP			
3-1 TITLE		☐	☐
3-2 NAME			
3-3 STREET ADDRESS			
3-4 CITY-ST-ZIP			
4-1 TITLE		☐	☐
4-2 NAME			
4-3 STREET ADDRESS			
4-4 CITY-ST-ZIP			
5-1 TITLE		☐	☐
5-2 NAME			
5-3 STREET ADDRESS			
5-4 CITY-ST-ZIP			
6-1 TITLE		☐	☐
6-2 NAME			
6-3 STREET ADDRESS			
6-4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Stephen R. Shipley STEPHEN R. SHIPLEY 4/25/95 (407)649-2086
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0004182