

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 05, 1999 8:00 am  
Secretary of State

05-05-1999 90048 020 \*\*\*\*61.25

DOCUMENT # N21018

1. Corporation Name

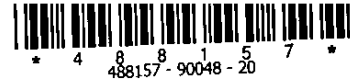
A CENTER FOR CHRISTIAN COUNSELING, INC.

Principal Place of Business

C/O STEPHEN R. SHIPLEY  
934 N MAGNOLIA AVE., STE 305  
ORLANDO FL 32803  
US

Mailing Address

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

06/08/1987

4. FEI Number

59-2809654

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

*Stephen R. Shipley*  
Signature, typed or printed name of registered agent and title if applicable.

*Stephen R. Shipley, Director*  
(NOTE: Registered Agent signature required when reinstating)

DATE

4/14/99

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME SHIPLEY, STEPHEN R.  
STREET ADDRESS 934 N MAGNOLIA AVE  
CITY-ST-ZIP ORLANDO FL

TITLE D ☒ DELETE  
NAME SHINDOLL, HAROLD L.  
STREET ADDRESS 4601 JUDY COURT  
CITY-ST-ZIP ORLANDO FL

TITLE D ☐ DELETE  
NAME HANKINS, DANA H.  
STREET ADDRESS 8770 LARWIN LANE  
CITY-ST-ZIP ORLANDO FL

TITLE D ☐ DELETE  
NAME COCHRAN, ROBERT  
STREET ADDRESS 5027 NASSAU CIRCLE  
CITY-ST-ZIP ORLANDO FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition  
1.2 NAME Shindoll, Floralee  
1.3 STREET ADDRESS 4601 Judy Court  
1.4 CITY-ST-ZIP Orlando, FL

2.1 TITLE D ☐ Change ☒ Addition  
2.2 NAME Ruscitti, Tom  
2.3 STREET ADDRESS 931 N. S.R. 434 Ste 1201  
2.4 CITY-ST-ZIP Altamont Springs, FL 32714

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

*Stephen R. Shipley*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Stephen R. Shipley, Jr.*

DATE

4/14/99

DAYTIME PHONE #

(407)649-2088

CR2E037 (11/98)

0016746