

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 05, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N21018</b>	
1. Entity 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
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06292005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2809654	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  SHIPLEY, STEPHEN R. 934 N MAGNOLIA AVE STE 305 ORLANDO, FL 32803
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**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHINDOLL, FLORA L 4601 JUDY CT. ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUSCITTI, TOM 931 N. SR 434, STE 1201 ALTAMONTE SPRINGS, FL 32714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HANKINS, DANA H. 8770 LARWIN LANE ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHIPLEY, STEPHEN P 934 NORTH MAGNOLIA AVENUE ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000370799  
07/05/05-80029-017 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Stephen R. Shipley* *Stephen R. Shipley* 6/29/05 407 649 2088  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #