2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2006
Secretary of State

DOCUMENT# N21018

Entity Name: A CENTER FOR CHRISTIAN COUNSELING, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2809654 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHIPLEY, STEPHEN R.
934 N MAGNOLIA AVE
STE 305
ORLANDO, FL 32803 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: D ( ) Delete
Name: SHINDOLL, FLORA L
Address: 4601 JUDY CT.
City-St-Zip: ORLANDO, FL

Title: D ( ) Delete
Name: RUSCITTI, TOM
Address: 931 N. SR 434, STE 1201
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D ( ) Delete
Name: HANKINS, DANA H.
Address: 8770 LARWIN LANE
City-St-Zip: ORLANDO, FL

Title: D ( ) Delete
Name: SHIPLEY, STEPHEN P
Address: 934 NORTH MAGNOLIA AVENUE
City-St-Zip: ORLANDO, FL 32804

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: STEPHEN R. SHIPLEY DIR. 03/18/2006
Electronic Signature of Signing Officer or Director — Date