

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21018

FILED  
Feb 21, 2008  
Secretary of State

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:

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

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: D (X) Change ( ) Addition  
Name: HANKINS, DANA H  
Address: 8770 LARWIN LANE  
City-St-Zip: ORLANDO, FL

Title: D (X) Change ( ) Addition  
Name: SHIPLEY, STEPHEN R  
Address: 934 NORTH MAGNOLIA AVENUE  
City-St-Zip: ORLANDO, FL 32804

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: STEPHEN R. SHIPLEY

DIR.

02/21/2008

Electronic Signature of Signing Officer or Director

Date