# FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

**1996**

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

DOCUMENT # N26736 (1)

1. Corporation Name

**FAITH COUNSELING CENTER, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| C/O WILLIAM W. FINLAW<br>211 DELTA CT 32303 POB 3923<br>TALLAHASSEE FL 32315 | C/O WILLIAM W. FINLAW<br>211 DELTA CT 32303 POB 3923<br>TALLAHASSEE FL 32315 |

3. Date Incorporated or Qualified: 06/02/1988

3a. Date of Last Report: 02/22/1995

4. FEI Number: 59-2899120 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 |
| City & State<br>23 | City & State<br>28 |
| Zip / Country<br>24 / 25 | Zip / Country<br>29 / 30 |

9. Name and Address of Current Registered Agent

FINLAW, WILLIAM W.
211 DELTA COURT
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent

81 Name: Stephen C. Waltz
82 Street Address (P.O. Box Number is Not Acceptable): 211 DELTA COURT
83
84 City: TALLA HASSEE **FL** 85 Zip Code: 32303

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: X _____ Stephen C. Waltz, Co-Interim Director — DATE
Signature, typed or printed name of registered agent and, if applicable (NOTE: Registered Agent's signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | |
|---|---|---|
| TITLE | PD | ☒ DELETE |
| NAME | COCKE, KIRK B | |
| STREET ADDRESS | 2138 ARMISTEAD DR | |
| CITY-ST-ZIP | TALLAHASSEE FL | |
| TITLE | SD | ☒ DELETE |
| NAME | O'BRIEN, JOE | |
| STREET ADDRESS | ROUTE 3 BOX 4019 | |
| CITY-ST-ZIP | HAVANA FL | |
| TITLE | VD | ☒ DELETE |
| NAME | ENGLISH, COLIN | |
| STREET ADDRESS | 4267 ENGLISH LANE | |
| CITY-ST-ZIP | TALLAHASSEE FL | |
| TITLE | TD | ☒ DELETE |
| NAME | CALHOUN, VAN | |
| STREET ADDRESS | 7004 SPENCER RD | |
| CITY-ST-ZIP | TALLAHASSEE FL | |
| TITLE | D | ☒ DELETE |
| NAME | FINLAW, WILLIAM W. | |
| STREET ADDRESS | 310 STARMOUNT | |
| CITY-ST-ZIP | TALLAHASSEE FL | |
| TITLE | X | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|
| 1.1 TITLE | PD | ☒ Change ☐ Addition |
| 1.2 NAME | CAMP, Ann | |
| 1.3 STREET ADDRESS | 2307 Ellicott Dr. | |
| 1.4 CITY-ST-ZIP | Tallahassee, FL 32312 | |
| 2.1 TITLE | SD | ☒ Change ☐ Addition |
| 2.2 NAME | LOTSPEICH, RICHARD A. | |
| 2.3 STREET ADDRESS | 1708 Evening Breeze Lane | |
| 2.4 CITY-ST-ZIP | Tallahassee, FL 32312 | |
| 3.1 TITLE | VD | ☒ Change ☐ Addition |
| 3.2 NAME | Ehrhart, Judy | |
| 3.3 STREET ADDRESS | 606 Middlebrook Cir. | |
| 3.4 CITY-ST-ZIP | Tallahassee, FL 32312 | |
| 4.1 TITLE | TD | ☒ Change ☐ Addition |
| 4.2 NAME | EVANS, ANN | |
| 4.3 STREET ADDRESS | Magnolia & Miccosukee Rd. | |
| 4.4 CITY-ST-ZIP | Tallahassee, FL 32308 | |
| 5.1 TITLE | Co-Interim Director (MD) | ☒ Change ☐ Addition |
| 5.2 NAME | WALTZ, STEPHEN C. | |
| 5.3 STREET ADDRESS | 1205 Waverly Rd. | |
| 5.4 CITY-ST-ZIP | Tallahassee, FL 32312 | |
| 6.1 TITLE | Co-D (Co-MD) | ☐ Change ☒ Addition |
| 6.2 NAME | Kathryn S. Worley | |
| 6.3 STREET ADDRESS | 1156 Maclay Rd. | |
| 6.4 CITY-ST-ZIP | Tallahassee, FL 32312 | |

CR2E037 (12/95)

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: X _____ 904-386-1560
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #

Stephen C. Waltz — Date: April 17, 1996