## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997

FLORIDA DEPARTMENT OF STATE

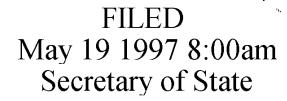
## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # N26736

(1)

FAITH COUNSELING CENTER, INC.					
Principal Place of Business	Mailing Address				
	CO WILLIAM W. TINE AW	l			





							ALLII BIAN ILLI	
Principal Plac	ce of Business	Mailing Address			i efficial fin tiale mitti senne beite bette f	iti didil nanti bibat bini)	MINIT BIĞIR INDI	
0/0 WILLIAM V	N. FINLAW 32303 POB 3923	-6/O WILLIAM W. FINEAW 211 DELTA CT 32303 P	08_3923					
TALLAHASSEE	FL 32315	Tallahassee FL 32375-	3923		3. Date incorporated or Qualified	3a. Date of Last	Benort	
P.O.	BOX MUST BE 1st PL	EASE CORRECT MAI	LING A	DDRESS	06/02/1988	04/19/1	996	
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number		Applied For	
	211 Delta Court	26 P. O. Box	3923		59-2899120		Not Applicable	
Suite, Apt.	. #, elc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		5 Additional Required	
City & State City & State				6. Election Campaign Financing		O May Be		
23 ]	Country	28 Tallahasse		intry	Trust Fund Contribution		d to Fees	
Zip	<b>—</b> —	29 32315		•	B. This corporation has liability for it     Florida Statutes	intangible tax under Yes 🔲 No	r s. 199,032,	
24 32303	3 25 U.S.A. 9. Name and Address of Curre		30  U	.S.A.	10. Name and Address of New Re			
· · · · · · · · · · · · · · · · · · ·				81 Name				
WAI TZ	STEPHEN C.		į	30 8	Robert R. Lutz, Ph.D.			
	IA COURT			82 Street	Street Address (P.O. Box Number is Not Acceptable) 211 Delta Court			
TALLAH	ASSEE EL 32303			83				
INCOME	NOOLE P OLOUG				P.O.Box 39 23			
	$\sim$			84 City	Tallahassee.	FL   85   Zi	ip Code <b>2315</b>	
11. Pursuant	to the provisions of Sections 617.0	502 and 617,1508. Florida Stat	tutes, the at	pove-named	corporation submits this statement for the p	purpose of changing	its registered	
office or I	registered agent or both, in the Sta	te of Florida. Such change was	s authorized	d by the corp	corporation submits this statement for the poration's board of directors. I hereby acceptance	of the appointment	as registered	
	artina illina della scotti illino della	igations of, acction a m. 0505, i	rionua stat	ules.		5.7-97		
SIGNATURE	Signature, typed or printed name of registered a	agent and title if applicable (N	OTE: Registered	Agent signature	required when reinstaling)	DATE		
12.		IND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECT	ORS IN 12	
TITLE	PD	☐ DELETE	1.1 Tr	TLE		☐ Chang	e Addition	
NAME	CAMP, ANN		1.2 N/	AME				
STREET ADDRESS	2307 ELLICOTT DR		1.3 \$1	REET ADDRESS				
CITY - ST - ZIP	TALLAHASSEE FL		1.4 CI	TY-ST-ZIP				
TITLE	SD	☐ DELETE	2.1 1	TLE		☐ Chang	8 Addition	
NAME	LOTSPEICH, RICHARD A.		2.2 N/	AMÉ				
STREET ADDRESS	1708 EVENING BREEZE LAN	Æ	2.3 \$1	TREET ADDRESS				
CITY-ST-ZIP	TALLAHASSEE FL		2.4C	ITY-ST-ZIP				
TOTLE	VD VD	DELETE	3.1 Tr			☐ Chang	e Addition	
NAME	EHRHART, JUDY		32 N	AME				
STREET ADDRESS	606 MIDDLEBROOK CIR		3.3 \$1	REET ADDRESS				
CITY-ST-ZIP	TALLAHASSEE FL			ITY+ST-ZIP				
TITLE	TD	DELETE	4.1 TI			☐ Chang	e Addition	
NAME	EVANS, ANN		4. 2 N	IAME				
STREET ADDRESS	THE CHAPTER A MICCOCK BUTT	: RD.	4.3 S1	FREET ADDRESS				
CITY - ST - ZIP	TALLAHASSEE FL			ITY-ST-ZIP				
TITLE	R	☐ DELETE	51 Ti		Executive Director	Chang	e	
NAME	WALTZ STEPHEN O.		5.2 N	AME	Robert R. Lutz, Ph.D.			
STREET ADDRESS	AAT LICENSE LE DO			TREET ADDRESS		4-4 010		
CITY-ST-ZIP	JALLAHASSEE PL			TY-ST-ZIP	2131 N. Meridian Rd.,			
TITLE	Q	☐ DELETE	6.1 TJ		Tallahassee, FL 32303	Chang	ge 🔲 Addition	
NAME	WORLEY, KATHRYA'S.	4	6.2 N					
STREET ADDRESS	400 400 000		1	TREET ADDRESS				
CITY-SI-ZIP	IALLAHASSEE FL		•	ITY-ST-ZIP				
		ed with this filing does not gu			i stated in Section 119.07(3)(i), Florida Statute	s I further certify th	at the	

information indicated on this annut am an officer or director of the cappears in Block 12 or Block 13 if supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name or any accurate and that my name.

Daytime Phone # 0008840