

FILE NOW: FILING FEE IS \$61.25

FILED
May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		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 610 WILLIAM W. FINLAW 211 DELTA CT 32303 POB 3923 TALLAHASSEE FL 32315		Mailing Address 610 WILLIAM W. FINLAW 211 DELTA CT 32303 POB 3923 TALLAHASSEE FL 32315-3923	
P.O. BOX MUST BE 1st PLEASE CORRECT MAILING ADDRESS			
2. Principal Place of Business 21 Delta Court Suite, Apt. #, etc. City & State Tallahassee, FL Zip 32303 Country U.S.A.		2a. Mailing Address P. O. Box 3923 Suite, Apt. #, etc. City & State Tallahassee, FL Zip 32315 Country U.S.A.	
9. Name and Address of Current Registered Agent WALTZ, STEPHEN C. 211 DELTA COURT TALLAHASSEE FL 32303		10. Name and Address of New Registered Agent 81 Name Robert R. Lutz, Ph.D. 82 Street Address (P.O. Box Number is Not Acceptable) 211 Delta Court 83 P.O. Box 3923 84 City Tallahassee, FL 85 Zip Code 32315	
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: [Signature] PH.D. DATE: 5-7-97			
12. OFFICERS AND DIRECTORS			
TITLE	PD	<input type="checkbox"/> DELETE	
NAME	CAMP, ANN		
STREET ADDRESS	2307 ELLICOTT DR		
CITY-ST-ZIP	TALLAHASSEE FL		
TITLE	SD	<input type="checkbox"/> DELETE	
NAME	LOTSPEICH, RICHARD A.		
STREET ADDRESS	1708 EVENING BREEZE LANE		
CITY-ST-ZIP	TALLAHASSEE FL		
TITLE	VD	<input type="checkbox"/> DELETE	
NAME	EHRHART, JUDY		
STREET ADDRESS	606 MIDDLEBROOK CIR		
CITY-ST-ZIP	TALLAHASSEE FL		
TITLE	TD	<input type="checkbox"/> DELETE	
NAME	EVANS, ANN		
STREET ADDRESS	MAGNOLIA & MICCOSUKEE RD.		
CITY-ST-ZIP	TALLAHASSEE FL		
TITLE	WALTZ, STEPHEN C.	<input type="checkbox"/> DELETE	
NAME	WALTZ, STEPHEN C.		
STREET ADDRESS	205 WEAVERLY RD		
CITY-ST-ZIP	TALLAHASSEE FL		
TITLE	WORLEY, KATHRYN S.	<input type="checkbox"/> DELETE	
NAME	WORLEY, KATHRYN S.		
STREET ADDRESS	156 MCCLAY RD		
CITY-ST-ZIP	TALLAHASSEE FL		
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE	Executive Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME	Robert R. Lutz, Ph.D.		
5.3 STREET ADDRESS	2131 N. Meridian Rd., Apt. 218		
5.4 CITY-ST-ZIP	Tallahassee, FL 32303		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 23 if changed or in an attachment with an address.			
SIGNATURE: [Signature] PH.D. REQUIRED DATE: 5-7-97			



CR2E037 (9/96)