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May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N26736**

(1)

1. Corporation Name

FAITH COUNSELING CENTER, INC.

Principal Place of Business

**211 DELTA COURT
TALLAHASSEE FL 32303
US**

Mailing Address

**P O BOX 3923
211 DELTA CT
TALLAHASSEE FL 32315
US**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/02/1988

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**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

**LUTZ, ROBERT R PH D
211 DELTA COURT
P O BOX 3923
TALLAHASSEE FL 32315**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

NA

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**PD
NAME CAMP, ANN
STREET ADDRESS 2307 ELLICOTT DR
CITY-ST-ZIP TALLAHASSEE FL**

TITLE ☐ DELETE

**SD
NAME LOTSPEICH, RICHARD A.
STREET ADDRESS 1708 EVENING BREEZE LANE
CITY-ST-ZIP TALLAHASSEE FL**

TITLE ☒ DELETE

**VD
NAME EHRHART, JUDY
STREET ADDRESS 606 MIDDLEBROOK CIR
CITY-ST-ZIP TALLAHASSEE FL**

TITLE ☐ DELETE

**TD
NAME EVANS, ANN
STREET ADDRESS MAGNOLIA & MICCOSUKEE RD.
CITY-ST-ZIP TALLAHASSEE FL**

TITLE ☐ DELETE

**ED
NAME LUTZ, ROBERT R PH D
STREET ADDRESS 2131 N MERIDIAN RD APT 218
CITY-ST-ZIP TALLAHASSEE FL**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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 13 if changed, or on an attachment with an address.

SIGNATURE: **ROBERT R. LUTZ**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/98

Date

Daytime Phone # **0008821**

CR2E037 (10/97)