

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90007 027 ****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N26736

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

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

TITLE SD
NAME LOTSREICH, RICHARD A.
STREET ADDRESS 1708 EVENING BREEZE LANE
CITY-ST-ZIP TALLAHASSEE FL ☒ DELETE

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13.

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

PD
JAMES ALFORD, M. D
3054 WHITE IBIS WAY
TALLAHASSEE, FL ☐ Change ☒ Addition

ANN MILLER
2055 THOMASVILLE RD C-102
TALLAHASSEE, FL ☐ Change ☒ Addition

☐ Change ☐ Addition

514 N. WASHINGTON ST.
PERRY, FL 32347 ☒ Change ☐ Addition

VP
ROCKY BEVIS
1813 LIVE OAK PLANTATION RD
TALLAHASSEE, FL ☐ Change ☒ Addition

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE: ROBERT R LUTZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99 850-386-1560
Date Daytime Phone #

CR2E037 (11/98)