2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2003
Secretary of State

DOCUMENT# N47409

Entity Name: INSTITUTE FOR PASTORAL COUNSELING & RELATIONSHIP THERAPY, INC.

Current Principal Place of Business:

335 N. KNOWLES AVE.
WINTER PARK, FL 32789 US

New Principal Place of Business:

Current Mailing Address:

335 N. KNOWLES AVE.
WINTER PARK, FL 32789 US

New Mailing Address:

P.O. BOX 205
WINTER PARK, FL 32790 US

FEI Number: 59-3114957 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BROWN, RICHARD S.
335 N. KNOWLES AVE.
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: BROWN, RICHRD S.,
Address: 1340 MAGNOLIA BAY CT
City-St-Zip: MAITLAND, FL 32751

Title: D ( ) Delete
Name: BROWN, CELESTE,
Address: 1340 MAGNOLIA BAY CT
City-St-Zip: MAITLAND, FL 32751

Title: D ( ) Delete
Name: CONNELL, GARRETT,
Address: 150 SHELL POINT WEST
City-St-Zip: MAITLAND, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: BROWN, RICHRD S.,
Address: 1330 MAGNOLIA BAY CT
City-St-Zip: MAITLAND, FL 32751

Title: D (X) Change ( ) Addition
Name: BROWN, CELESTE,
Address: 1330 MAGNOLIA BAY CT
City-St-Zip: MAITLAND, FL 32751

Title: D (X) Change ( ) Addition
Name: CONNELL, GARRETT,
Address: 335 N. KNOWLES AVE.
City-St-Zip: WINTER PARK, FL 32789

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD S. BROWN D 01/09/2003

Electronic Signature of Signing Officer or Director Date