

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 12 PM 12:20

DOCUMENT # N92000000876 (4)

1. Corporation Name

**THE NATIONAL CHRISTIAN COUNSELORS ASSOCIATION, I
NC.**

Principal Place of Business

Mailing Address

7430 NORTH TAMiami TRAIL
SARASOTA FL 34243

7430 NORTH TAMiami TRAIL
SARASOTA FL 34243

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/18/1992**
3a. Date of Last Report **06/28/1994**
4. FEI Number **25-1505600**
Applied For Not Applicable

2. Principal Place of Business
21 **4470 Northgate Court**
Suite, Apt. #, etc.
22 City & State **Sarasota**
23 Zip **34234**
Country
24
25
2a. Mailing Address
26 **4470 Northgate Court**
Suite, Apt. #, etc.
27 City & State
28 Zip **34234**
Country
29
30

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **\$68.75 Supplemental Fee Not Required**
8. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ARNO, RICHARD G
7430 NORTH TAMiami TRAIL
SARASOTA FL 34243**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) **4470 Northgate Court**
83
84 City
85 Zip Code **FL 34234**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☒ Change ☐ Addition
NAME	ARNO, RICHARD G	12 NAME	
STREET ADDRESS	7430 NORTH TAMiami TRAIL	13 STREET ADDRESS	4470 Northgate Court
CITY - ST - ZIP	SARASOTA FL 34243	14 CITY - ST - ZIP	Sarasota, FL 34234
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	SMITH, PHYLLIS J	22 NAME	
STREET ADDRESS	888 BOULEVARD OF THE ARTS, SUITE 1404	23 STREET ADDRESS	
CITY - ST - ZIP	SARASOTA FL	24 CITY - ST - ZIP	
TITLE	STD	31 TITLE	☐ Change ☐ Addition
NAME	STRUBLE, DONALD W	32 NAME	
STREET ADDRESS	5824 BEE RIDGE ROAD SUITE 169	33 STREET ADDRESS	
CITY - ST - ZIP	SARASOTA FL 34233	34 CITY - ST - ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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:

Donald W. Struble
Secretary - Treasurer

April 7, 1995

813-365-8115

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

PHONE NUMBER