FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

Principal Place of Business

N92000000876 (4)

Mailing Address

THE NATIONAL CHRISTIAN COUNSELORS ASSOCIATION. I NC.

4470 NORTHGATE COURT 4470 NORTHGATE COURT SARASOTA FL 34234-2121 SARASOTA FL 34234 US 118 3. Date Incorporated or Qualified 3a. Date of Last Report 12/18/1992 05/01/1996 2. Principal Place of Business 2a. Mailing Address Number Applied For 25-1505600 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Country Zip 8. This corporation has liability for intangible tax under s. 199.032, Yes X No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ARNO, RICHARD G 82 Street Address (P.O. Box Number is Not Acceptable) 4470 NORTHGATE COURT 83 SARASOTA FL 34234 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE PD 1.1 TITLE ARNO, RICHARD G NAME 1.2 NAME 4470 NORTHGATE COURT STREET ADDRESS 1.3 STREET ADDRESS SARASOTA FL CITY-ST-7IP 1.4 City-St-7iP DELETE Change ___ Addition TITLE VD 2.1 TITLE SMITH, PHYLLIS J NAME **2.2 NAME** 888 BOULEVARD OF THE ARTS, SUITE 1404 STREET ADDRESS 2.3 STREET ADDRESS SARASOTA FL CITY-ST-7IP 2. 4 CiTY-ST-ZIP DELETE Addition TITLE STD 3.1 TITLE Change STRUBLE, DONALD W NAME 3.2 NAME 5824 BEE RIDGE ROAD SUITE 169 STREET ADDRESS 3.3 STREET ADDRESS SARASOTA FL 34233 CITY-ST-ZIP 3.4. CITY-ST-ZIP __ DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition TITLE 5.1 TITLE Change NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition Change TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 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

SIGNATURE:

I am an officer or director of the corporation or the receiver or trustee empowered appears in Block 12 or Block 13 if changed, or on an attachment with an address.

FILED

Jan 23 1997 8:00am

Secretary of State