FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 DOCUMENT # N9200000876

1. Corporation Name

THE NATIONAL CHRISTIAN COUNSELORS ASSOCIATION, I NC.

Principal Place of Business 4470 NORTHGATE COURT SARASOTA FL 34234 Mailing Address

4470 NORTHGATE COURT SARASOTA FL 34234

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FILED May 04, 1999 8:00 am § Secretary of State

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2. Principal Pl	Place of Business 2a. Mailing Address							ate Incorporated or Qualifed						
21	26							2/18/1992						
Suite, Apt. #, etc. Suite, Apt. #, etc.								El Number			Appli	ed For		
27			<u>-</u>				_2	5-15056 <u>00</u>		<u>. </u>	Not /	pplicable		
City & State City & State						- A		ertifcate of Status Desired				ditional		
23								ertilibate of outdoor ocolico		Fe	e Requ	iired		
Zìp	Country Zip			Country			. E	lection Campaign Financing		\$ 5.	. 00 м	ay Be		
24	25 29 30						T	rust Fund Contribution		Add	ded to	Fees		
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														
SARASOTA FL 34234				83					•					
0/40/00/// L 0/20/				84 City						85	Zìp Co	de		
				044	City				FL		Z.p 00			
11. Pursuant	to the provisions of Sections 617.0502	-named co	orporatio	on s	ubmits this statement for the	purpose of	changin	g its re	gistered					
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.														
•	Translat with, and accept the deligated	113 01, 00011011 011.0000, 11011										ļ		
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: F	Registered	Agent	signature req	uired when	rein:	stating)	DATE					
12.	OFFICERS AND	DIRECTORS	13.				AD	DITIONS/CHANGES TO OF	FICERS AN	D DIRE	CTOR	S IN 12		
TITLE	PD DELETE		1,1 11	1.1 TITLE						☐ Cha	nge	☐ Addition		
NAME	ARNO, RICHARD G		1.2 N	1.2 NAME								Į		
STREET ADDRESS	4470 NORTHGATE COURT			1.3 STREET ADDRESS										
CITY-ST-ZIP	SARAŞOTA FL			1.4 CITY+ST+ZIP										
TITLE	VD DELETE		2.1 TI	2.1 TITLE						☐ Cha	nge	☐ Addition		
NAME	SMITH, PHYLLIS J			2.2 NAME										
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CITY-ST-ZIP	SARASOTA FL			2.4 CITY-ST-ZIP						_				
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NAME				3.2 NAME								1		
STREET ADDRESS				3.3 STREET ADDRESS										
				3.4. CITY-ST-ZIP										
CITY-ST-ZIP TITLE	DELETE			4.1 TITLE						Cha	nge	Addition		
NAME	-			4.2 NAME						'	-	ļ		
STREET ADDRESS			1		ADDRESS									
				4.4 CITY-ST-ZIP										
CITY-ST-ZIP				5.1 TITLE						☐ Cha	inge	☐ Addition		
NAME		<u></u>	5.2 NA							_	Ū			
			L		ADDRESS									
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CITY-ST-ZIP TITLE				TILE					· · · · · · · · · · · · · · · · · · ·	☐ Cha	лае	Addition		
		LJ PELLIL	6.2 NA											
NAME					ADDRESS							j		
STREET ADDRESS				6.3 STREET ADDRESS 6.4 CITY-ST-ZIP										
CITY-ST-ZIP			6.4 CI	IY-ST	-21-									

4. 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:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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