2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # **N92000000876** May 05, 2000 8:00 am 1. Entity Name Secretary of State THE NATIONAL CHRISTIAN COUNSELORS ASSOCIATION, 1 05-05-2000 90044 035 ****61.25 Mailing Address Principal Place of Business 4470 NORTHGATE COURT 4470 NORTHGATE COURT SARASOTA FL 34234 SARASOTA FL 34235-8102 US 2. Principal Place of Business 3. Mailing Address 3650 17th Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number FL 25-1505600 5212501 Not Applicable \$8.75 Additional 5. Certificate of Status Desired US Fee Required .7. Name and Address of New Registered Agent... 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) ARNO, RICHARD G 4470 NORTHGATE COURT SARASOTA FL 34234 8. 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. Richard G. Armo SIGNATURE (NOTE: Registered Agent signature required when reinstating) or printed name of registered agent and title if applicable Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees **FEE IS \$61.25** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE Addition TITLE ☐ Delete 3650 17th Street ARNO, RICHARD G NAME STREET ADDRESS STREET ADORESS 4470 NORTHGATE COURT CITY-ST-ZIP CITY-ST-ZIP Sarasota fl Addition Change ۷D ☐ Delete TITLE TITLE NAME SMITH, PHYLLIS J NAME STREET ADDRESS STREET ADDRESS 888 BOULEVARD OF THE ARTS, SUITE 1404 CITY-ST-ZIP. CITY-ST-ZIP SARASOTA FL STD Delete TITLE ☐ Addition TITLE Struble, Donald W NAME NAME STREET ADDRESS STREET ADDRESS 5824 BEE RIDGE ROAD SUITE 169 CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34233 ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Defete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.