

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000001009

FILED
Apr 28, 2004
Secretary of State

Entity Name: THE NATIONAL BOARD OF CHRISTIAN CLINICAL THERAPISTS, INC.

Current Principal Place of Business:

3650 17TH ST
SARASOTA, FL 34235 US

New Principal Place of Business:

Current Mailing Address:

3650 17TH ST
SARASOTA, FL 34235 US

New Mailing Address:

FEI Number: 65-0381809

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARNO, RICHARD G
3650 17TH ST
SARASOTA, FL 34235 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: DP () Delete
Name: ARNO, RICHARD G
Address: 3650 17TH ST
City-St-Zip: SARASOTA, FL 34235

Title: DV () Delete
Name: SMITH, PHYLLIS J
Address: 3650 17TH ST
City-St-Zip: SARASOTA, FL 34235

Title: DST () Delete
Name: STRUBLE, DONALD W
Address: 3650 17TH ST
City-St-Zip: SARASOTA, FL 34235

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ARNO, JAYSEN C
Address: 3650 17TH ST
City-St-Zip: SARASOTA, FL 34235 US

Title: DV (X) Change () Addition
Name: ARNO, PHYLLIS J
Address: 3650 17TH ST
City-St-Zip: SARASOTA, FL 34235 US

Title: DT (X) Change () Addition
Name: MOYLAN, DANIEL E
Address: 3650 17TH ST
City-St-Zip: SARASOTA, FL 34235 US

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: DANIEL E MOYLAN

DT

04/28/2004

Electronic Signature of Signing Officer or Director

Date