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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N97000004527

1. Corporation Name

PARTNERS WITH CHRIST CHRISTIAN COUNSELING & EDUCATIONAL MINISTRIES, INC.

Principal Place of Business

225 ORANGE AVE.  
FT. PIERCE FL 34948

Mailing Address

P.O. BOX 3696  
FT. PIERCE FL 34948

140835 90244 3 5 \*



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date incorporated or Qualified

08/11/1997

4. FEI Number

65-0784658

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

GHEHT, LORI L  
6701 LAKELAND BLVD.  
FT. PIERCE FL 34951

10. Name and Address of New Registered Agent

81 Name  
Lori L. Ghent  
82 Street Address (P.O. Box Number is Not Acceptable)  
6701 Lakeland Blvd.  
83 Fort Pierce  
84 City Florida  
85 Zip Code  
34951

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 LORI L. Ghent President

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

(NOTE: Registered Agent Signature required when reinstalling)

1/22/99

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME GHEHT, LORI  
STREET ADDRESS 6701 LAKELAND BLVD  
CITY-ST-ZIP FORT PIERCE FL 34951

TITLE D  
NAME GHEHT, AUBREY  
STREET ADDRESS 6701 LAKELAND BLVD  
CITY-ST-ZIP FORT PIERCE FL 34951

TITLE D  
NAME MILLER, TERRY  
STREET ADDRESS 2009 N 43RD ST.  
CITY-ST-ZIP FT PIERCE FL 34947

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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: LORI L. Ghent Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/99

Date

(561) 461-1282

Daytime Phone #

CR2E037 (1/98)