

FILE NOW: FILING FEE IS \$61.25

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Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90093 001 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
			
DOCUMENT # N98000004054			
1. Corporation Name COMMUNITY COUNSELING CENTER, INC.			
Principal Place of Business 4815 E LAKE DR WINTER SPRINGS FL 32708		Mailing Address 4815 E LAKE DR WINTER SPRINGS FL 32708	



21	2. Principal Place of Business	2a	2a. Mailing Address	3.	Date Incorporated or Qualified 07/13/1998
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4.	FEI Number 59-3467168
23	City & State	27	City & State		Applied For Not Applicable
24	Zip	28	Zip	5.	Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
25	Country	29	Country	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
30		30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WISE, CHARLES A 4815 E LAKE DR WINTER SPRINGS FL 32708				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WISE, CHARLES A	1.2 NAME	
STREET ADDRESS	4815 E LAKE DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE, RICHARD P	2.2 NAME	
STREET ADDRESS	4815 E LAKE DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEUSLIN, BOB	3.2 NAME	
STREET ADDRESS	4815 E LAKE DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Charles A. Wise 2-5-99 407-699-9070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)