

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000149363

Entity Name: CHRISTIAN COUNSELORS, INC.

FILED
May 23, 2005
Secretary of State

Current Principal Place of Business:

2864 59 AVE EAST
BRADENTON, FL 34203

New Principal Place of Business:

3653 CORTEZ RD W
120
BRADENTON, FL 34207

Current Mailing Address:

2864 59 AVE EAST
BRADENTON, FL 34203

New Mailing Address:

FEI Number: 20-1871741 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BURKE, SHARON M
Address: 2864 59 AVE EAST
City-St-Zip: BRADENTON, FL 34203

Title: VD () Delete
Name: SWEARINGEN, DEBORAH K
Address: 2864 59 AVE EAST
City-St-Zip: BRADENTON, FL 34203

Title: STD () Delete
Name: BURKE, LINDA L
Address: 2864 59 AVE EAST
City-St-Zip: BRADENTON, FL 34203

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON M. BURKE

DR

05/23/2005

Electronic Signature of Signing Officer or Director

Date