

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000043651 (6)**

1. Corporation Name

CHRISTIAN CARE COUNSELING CENTERS, INC.



Principal Place of Business

25400 U.S. 19 NORTH
SUITE #101-#105
CLEARWATER FL 34623

Mailing Address

25400 U.S. 19 NORTH P.O. Box 14154
SUITE #101 CLEARWATER, FL
CLEARWATER FL 34623 34629

3. Date Incorporated or Qualified

06/10/1994

3a. Date of Last Report

08/09/1995

4. FEI Number

59-3254379

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCCLUSKEY, CHRISTOPHER
25400 U.S. 19 NORTH
SUITE #101-#105
CLEARWATER FL 34623

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0305, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title of applicator

(NOTE: Registered Agent's signature required when filing statement)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME MCCLUSKEY, CHRISTOPHER

12 NAME

STREET ADDRESS 25400 U.S. 19 NORTH
CITY-ST-ZIP CLEARWATER FL 34623

13 STREET ADDRESS

2. TITLE ☐ DELETE

14 CITY-ST-ZIP ☐ Change ☐ Addition

1. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

1. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

1. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

1. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

1. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

2.1 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

3.1 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4.1 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

5.1 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6.1 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: *Christopher A. McCluskey* PRES./SECY/TREAS.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/96 (813) 797-5512
Date Daytime Phone

CR2E034 (12/95)