


FILED
Sep 21, 1999 8:00 am
Secretary of State

09-21-1999 90019 030 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P98000005172**

1. Corporation Name

CHRISTIAN COUNSELOR PROVIDER ASSOCIATION, INC.



Principal Place of Business
**10073 103TH LANE NORTH
SEMINOLE FL**

Mailing Address
**10073-103TH LANE NORTH
SEMINOLE FL**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 **10073 130th Lane N.**

Suite, Apt. #, etc.

22 City & State

23 **Seminole, FL**

24 Zip

33776

Country

2a. Mailing Address

26 **13233 Indian Rocks Road**

Suite, Apt. #, etc.

27 **(Attn: J.P. Noble)**

28 City & State

Largo, FL

29 Zip

33774

Country

3. Date Incorporated or Qualified

01/16/1998

4. FEI Number

59-3489464

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

**HOLLAND, TROY W ESQ.
150 SECOND AVENUE NORTH
SUITE 1500
ST. PETERSBURG FL 33701**

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D/P** ☐ DELETE
NAME **NOBLE, JAMES P**
STREET ADDRESS **10073-103TH LANE NORTH**
CITY-ST-ZIP **SEMINOLE FL**

TITLE **D** ☐ DELETE
NAME **WILLCOX, GLORIA T**
STREET ADDRESS **10073-103TH LANE NORTH**
CITY-ST-ZIP **SEMINOLE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D/P** ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **10073 130th Lane North**
1.4 CITY-ST-ZIP **Seminole, FL 33776**

2.1 TITLE **D/V P** ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **3184 62nd Way North**
2.4 CITY-ST-ZIP **St. Petersburg, FL 33710**

3.1 TITLE **D** ☐ Change ☒ Addition
3.2 NAME **William Smelling**
3.3 STREET ADDRESS **6336 Bahama Shores Dr.**
3.4 CITY-ST-ZIP **St. Petersburg, FL 33705**

4.1 TITLE **D** ☐ Change ☒ Addition
4.2 NAME **John Hendershot**
4.3 STREET ADDRESS **1404 W. Busch Blvd.**
4.4 CITY-ST-ZIP **Tampa, FL 33612**

5.1 TITLE **T** ☐ Change ☒ Addition
5.2 NAME **Lois Holcomb**
5.3 STREET ADDRESS **1939 Cobblestone Way**
5.4 CITY-ST-ZIP **Clearwater, FL 33760**

6.1 TITLE **S** ☐ Change ☒ Addition
6.2 NAME **Kelly Couch**
6.3 STREET ADDRESS **8965 3rd St. N.**
6.4 CITY-ST-ZIP **St. Petersburg, FL 33702**

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

James P. Noble (JAMES P. NOBLE) 9/13/99 (727) 517-2371

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

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CHRISTIAN COUNSELOR PROVIDER ASSOCIATION

James P. Noble, MS, LMHC, CFMC
MANAGED CARE DIRECTOR

10073 130th Lane North
Seminole, FL 33776
(813) 596-7045

9/13/99

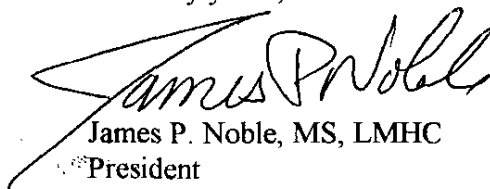
To Division of Corporations, State of Florida

Re: Annual Report Filing

Please be aware that we never received the original copy of the Annual Report notice. Somehow we got the late report due notice, I can only presume it was from the diligence of the postperson. As you can see the address you have recorded is incorrect. I have made the correction on the formal address and changed the mailing address so that it will get to our organization most efficiently.

Enclose find our check for \$150, the normal filing fee. Please accept this as appropriate payment since we did not receive the original notice and the second one arrive just in the nick of time. Your consideration in this matter and your correction and change of our record is sincerely appreciated.

Sincerely yours,



James P. Noble, MS, LMHC
President

cc: Troy Holland, Esq.