

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 759044

**Entity Name:** CHRISTIAN COUNSELING ASSOCIATES, INC.

**Current Principal Place of Business:**

631 PALM SPRINGS DRIVE  
SUITE 107  
ALTAMONTE SPRINGS, FL 32701

**Current Mailing Address:**

631 PALM SPRINGS DRIVE  
SUITE 107  
ALTAMONTE SPRINGS, FL 32701 US

**FEI Number:** 59-2126309

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

FREEMAN, DANIEL C, JR  
5200 SOUTH HWY 17-92  
ALTAMONTE SPRINGS, FLORIDA  
CASSELBERRY, FL 32707 US

*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

**Officer/Director Detail :**

Title PD  
Name FOSTER, ROBERT  
Address 1164 BUTTONWOOD CIRCLE  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title D  
Name FREEMAN, DANIEL C JR  
Address 5200 SOUTH HWY 17-92  
City-State-Zip: CASSELBERRY FL

Title VD  
Name SCHWALBE, ROBERT  
Address 177 FRANCES CIRCLE  
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title SECRETARY  
Name FOSTER, KARYN  
Address 1164 BUTTONWOOD CIRCLE  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

*I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** KARYN FOSTER

**SECRETARY**

**04/30/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date