

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000008744

**FILED**  
**Apr 14, 2013**  
**Secretary of State**  
**CC9349090795**

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

**Current Principal Place of Business:**

165 BARBERRY LANE  
PONTE VEDRA BEACH, FL 32082

**Current Mailing Address:**

165 BARBERRY LANE  
PONTE VEDRA BEACH, FL 32082

**FEI Number: 45-3551224**

**Certificate of Status Desired: No**

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

FREED, MICHAEL  
800 WEST MONROE STREET  
JACKSONVILLE, FL 32202 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 P  
Name JACOBS, ANDREW T  
Address 165 BARBERRY LANE  
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title T  
Name FREED, MICHAEL  
Address 800 WEST MONRROE STREET  
City-State-Zip: JACKSONVILLE FL 32202

Title S  
Name DEADMAN, TRACY  
Address 2657 LOTA COURT  
City-State-Zip: ORANGE PARK FL 32072

*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: TRACY DEADMAN**

**SECRETARY**

**04/14/2013**

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

\_\_\_\_\_  
Date