

**2018 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F16000001841

**FILED**  
**Mar 16, 2018**  
**Secretary of State**  
**CC2419950979**

**Entity Name:** THE CHRISTIAN COUNSELING AND EDUCATIONAL FOUNDATION, INC.

**Current Principal Place of Business:**

1803 E WILLOW GROVE AVE  
GLENSIDE, PA 19038

**Current Mailing Address:**

1803 E WILLOW GROVE AVE  
GLENSIDE, PA 19038 US

**FEI Number:** 23-1996251

**Certificate of Status Desired:** No

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

NRAI SERVICES, INC.  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 C  
Name HARVEY, DAVID T DR  
Address 4500 SHANNON LAKES WEST 12  
City-State-Zip: TALLAHASSEE FL 32309

Title PED  
Name POWLISON, DAVID DR  
Address 341 W. WAVERLY RD.  
City-State-Zip: GLENSIDE PA 19038

Title VP  
Name EATON, REBECCA MS  
Address 4250 ORANGE MANS RD.  
City-State-Zip: HATBORO PA 19040

Title S  
Name HORNE, RICHARD M DR  
Address 200 E PARKWAY AVE  
City-State-Zip: CHESTER PA 19013

Title T  
Name BUDNICK, DAVID W MR  
Address 200 REGENCY DRIVE  
City-State-Zip: NORTH WALES PA 19454

*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: REBECCA EATON**

**DIRECTOR OF  
DEVELOPMENT**

**03/16/2018**

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

\_\_\_\_\_  
Date