2-14-95 B-1222-6

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CORPORATION ANNUAL REPORT 1995

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

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DIVISION OF CORPORATIONS
95 FEB 14 PM 2:21

DOCUMENT # 731347 (1)

1. Corporation Name

CONSUMER CREDIT COUNSELING SERVICE OF PALM BEACH COUNTY AND THE TREASURE COAST OF FLORIDA, INC.

Principal Place of Business	Mailing Address
2330 CONGRESS AVENUE SOUTH SUITE 1A WEST PALM BEACH FL 33406	2330 CONGRESS AVENUE SOUTH SUITE 1A WEST PALM BEACH FL 33406

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/09/1974
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1605523 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 21 | 2a. Mailing Address 26
Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27
City & State 23 | City & State 28
Zip 24 | Country 25 | Zip 29 | Country 30

9. Name and Address of Current Registered Agent

DEUSCHLE, JESSICA
2330 CONGRESS AVENUE SOUTH
SUITE 1-A
WEST PALM BEACH FL 33406

10. Name and Address of New Registered Agent

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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	ORTH, KEN	12 NAME	LIBERTI, BRENDA	
STREET ADDRESS	4041 NW 9TH AVE	13 STREET ADDRESS	111 Georgia Avenue	
CITY-ST-ZIP	POMPANO BCH FL	14 CITY-ST-ZIP	West Palm Beach FL 33401	
TITLE	PED	21 TITLE	PED	☒ Change ☐ Addition
NAME	LIBERTI, BRENDA	22 NAME	LODWICK, DAVID	
STREET ADDRESS	111 GEORGIA AVENUE	23 STREET ADDRESS	5 Harvard Circle, Suite 110	
CITY-ST-ZIP	W. PALM BEACH FL	24 CITY-ST-ZIP	West Palm Beach FL 33409	
TITLE	SD	31 TITLE	SD	☒ Change ☐ Addition
NAME	KOLLMER, MARIANNE	32 NAME	LAPP, JANET	
STREET ADDRESS	411 S. COUNTY RD.	33 STREET ADDRESS	205 Datura Street, 10th Floor	
CITY-ST-ZIP	PALM BEACH FL	34 CITY-ST-ZIP	West Palm Beach FL 33401	
TITLE	DMD	41 TITLE	DMD	☒ Change ☐ Addition
NAME	DEUSCHILE, JESSICA	42 NAME	CECERE, JESSICA	
STREET ADDRESS	2330 S CONGRESS AVE., STE 1A	43 STREET ADDRESS	2330 S Congress Ave., Ste 1A	
CITY-ST-ZIP	WEST PALM BCH FL	44 CITY-ST-ZIP	West Palm Beach FL 33406	
TITLE	VD	51 TITLE	VD	☒ Change ☐ Addition
NAME	ORR, NAT	52 NAME	COOKE, WILLIAM A.	
STREET ADDRESS	521 S. OLIVE AVE.	53 STREET ADDRESS	7568 Palm Road	
CITY-ST-ZIP	WEST PALM FL 33401	54 CITY-ST-ZIP	West Palm Beach FL 33406	
TITLE	TD	61 TITLE	TD	☒ Change ☐ Addition
NAME	LODWICK, DAVID	62 NAME	BARIE, DAVID	
STREET ADDRESS	5 HAVARD CIR.-SUITE 110	63 STREET ADDRESS	7601 N. Federal Highway	
CITY-ST-ZIP	WEST PALM BEACH 33409-1979	64 CITY-ST-ZIP	Boca Raton FL 33487	

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

SIGNATURE: Jessica Cecere 2/10/95 407-434-3944
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

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