

FILE NOW: FILING FEE IS \$61.25

FILED  
May 14 1997 8:00am  
Secretary of State

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| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Northam</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
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DOCUMENT # **731347** (1)  
1. Corporation Name

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



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|--|---|
| Principal Place of Business<br><b>2330 CONGRESS AVENUE SOUTH<br/>SUITE 1A<br/>WEST PALM BEACH FL 33406</b> | Mailing Address<br><b>2330 CONGRESS AVENUE SOUTH<br/>SUITE 1A<br/>WEST PALM BEACH FL 33406-7664</b> |
|--|---|

|   |  |  |  |                                       |                               |
|---|--|--|--|---------------------------------------|-------------------------------|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country | 3. Date Incorporated or Qualified<br><b>12/09/1974</b>   | 3a. Date of Last Report<br><b>03/19/1996</b> | 4. FEI Number<br><b>59-1605523</b>    | Applied For<br>Not Applicable |
|   |  | 5. Certificate of Status Desired <input type="checkbox"/>  |  | <b>\$8.75 Additional Fee Required</b> |                               |
|   |  | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>  |  | <b>\$5.00 May Be Added to Fees</b>    |                               |
|   |  | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                                       |                               |

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|--|--|--|--|
| 9. Name and Address of Current Registered Agent<br><b>CECERE, JESSICA<br/>2330 CONGRESS AVENUE SOUTH<br/>SUITE 1A<br/>WEST PALM BEACH FL 33406</b> |  | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City<br><b>FL</b> 85 Zip Code |  |
|--|--|--|--|

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS                     |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12          |  |
|--|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PD<br/>LIBERTI, BRENDA<br/>111 GEORGIA AVE<br/>WEST PALM BEACH FL</b> <input checked="" type="checkbox"/> DELETE          | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP | <b>Chairman PD<br/>David Lodwick<br/>Slaton Insurance<br/>Harvard Cir., #110, W.P.B., FL 33409</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PEO<br/>LODWICK, DAVID<br/>5 HARVARD CIRCLE SUITE 110<br/>W PALM BEACH FL</b> <input checked="" type="checkbox"/> DELETE  | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP | <b>Vice Chairman VD<br/>Tim Sullivan - Barnett Bank<br/>900 E. Prima Vista Blvd.<br/>Port St. Lucie, FL 34952</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>SD<br/>LAPP, JANET<br/>205 DATURA STREET 10TH FLOOR<br/>W PALM BEACH FL</b> <input checked="" type="checkbox"/> DELETE    | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP | <b>Treasurer TD<br/>David Barie - State Dept. of Banking &amp; Finance<br/>111 Georgia Avenue<br/>West Palm Beach, FL 33401</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DMD<br/>CECERE, JESSICA<br/>2330 S CONGRESS AVE STE 1A<br/>W PALM BEACH FL</b> <input checked="" type="checkbox"/> DELETE | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP | <b>Secretary SD<br/>Janet Lapp<br/>Barnett Bank - 205 Datura Street, 10th Floor<br/>West Palm Beach, FL 33401</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VD<br/>COOKE, WILLIAM A<br/>7568 PALM RD<br/>W PALM BEACH FL</b> <input checked="" type="checkbox"/> DELETE               | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP | <b>President/CFO M<br/>Jessica Cecere<br/>2330 Congress Avenue S., Ste. 1A<br/>West Palm Beach, FL 33406</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>TD<br/>BARIE, DAVID<br/>7801 N FEDERAL HIGHWAY<br/>BOCA RATON FL</b> <input checked="" type="checkbox"/> DELETE           | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP | <b>500002190355<br/>-05/23/97--01109--028<br/>***61.25</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

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

SIGNATURE \_\_\_\_\_

CR2E037 (9/96)