

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2005 8:00 am**  
**Secretary of State**

02-07-2005 90094 008 \*\*\*\*61.25

50011343

<b>DOCUMENT # 732101</b> 1. Entity Name <b>CONSUMER CREDIT COUNSELING SERVICE OF WEST FLORIDA, INC.</b>					
Principal Place of Business 14 PALAFOX PLACE PO BOX 950 PENSACOLA, FL 32501 US			Mailing Address 14 PALAFOX PLACE PO BOX 950 PENSACOLA, FL 32501 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 52-1242143			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent  SCHLENKER, PATRICK SACRED HEART HOSPITAL 5151 N 9TH AVE PENSACOLA, FL 32504			7. Name and Address of New Registered Agent Name <b>LOUIS A. MAYGARDEN</b> Street Address (P.O. Box Number is Not Acceptable) <b>14 PALAFOX PLACE</b> City <b>PENSACOLA</b> FL <b>32502</b>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to Florida Department of State					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO MAYGARDEN, L A 1241 TAMARA DR PENSACOLA, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SCHLENKER, PATRICK 5151 N 9TH AVE PENSACOLA, FL	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEARD, BEN W. 3740 MCCLELLAN ROAD PENSACOLA, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OCHS, JOHN H 1495 E NINE MILE RD PENSACOLA, FL 32514	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dr. Martin Gonzalez 5988 Hwy. 90-Pike Milton Campus Milton, FL 32583-1798	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Dr. Edward Ranelli, PhD University of West FL Pensacola, FL 32514	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VIF Meredith Robinson P.O. Box 530 - Pensacola Chamber of Commerce Pensacola, FL 32591	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gary Sammons One Engery Place - Gulf Power Pensacola, FL 32520-0037	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED Larry Strain 401 E. Chase St. Pensacola, FL 32502	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VIF W.G. "Butch" Wallace 6240 Scotts Place Pensacola, FL 32526	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <i>L. A. Maygarden</i>		2-2-05 850-434-0268			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			

Additions

ATTACHMENT

(# 73210)

50011343

Title D

Name Betty Wasson

Address 1601 Waters Edge Lane

City-St-Zip Pensacola, FL. 32507

Title S/D

Name Paul Young

Address 5955 Osprey Place

City-St-Zip Pensacola, FL 32504



**ATTACHMENT**  
**50011343**  
**Division of Corporations**

**2005 Annual Report**

Listed below is the most recent information reported for the entity.  
Please review and click the appropriate button at the bottom to generate the annual report form.

*OLD*  
*2003-04*

This information cannot be changed on the report.	
Document Number	732101
Business Entity Name	CONSUMER CREDIT COUNSELING SERVICE OF WEST FLORIDA, INC.
Original File Date	03/10/1975

FEI Number 52-1242143

Principal Address 14 PALAFOX PLACE  
PO BOX 950  
PENSACOLA, FL 32501 US

Mailing Address 14 PALAFOX PLACE  
PO BOX 950  
PENSACOLA, FL 32501 US

Registered Agent PATRICK SCHLENKER  
SACRED HEART HOSPITAL  
5151 N 9TH AVE  
PENSACOLA, FL 32504 US

**Officer/Director Name And Address**

PCEO  
MAYGARDEN, L A  
1241 TAMARA DR  
PENSACOLA, FL

STD  
~~PATRICK SCHLENKER~~  
~~5151 N 9TH AVE~~  
~~PENSACOLA, FL~~

*Delet*

D  
BEARD, BEN W.  
3740 MCCLELLAN ROAD  
PENSACOLA, FL

D

ATTACHMENT

JOHN H OCHS  
1495 E NINE MILE RD  
PENSACOLA, FL 32514

#732101  
50011343

If all of the above information is correct  
and you do not wish to make any  
changes, please select:

No Changes

If you need to make changes to  
the above information, please  
select:

Make Changes

**Sunbiz Home Page**

**Public Access Help**