

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000001540

**Entity Name:** CONSOLIDATED CREDIT COUNSELING SERVICES, INC.**Current Principal Place of Business:**5701 WEST SUNRISE BLVD  
SUITE 200  
FORT LAUDERDALE, FL 33313**Current Mailing Address:**5701 WEST SUNRISE BLVD  
SUITE 200  
FORT LAUDERDALE, FL 33313 00**FEI Number:** 65-0401491**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HERMAN, GARY S  
5701 WEST SUNRISE BLVD  
STE 200  
FORT LAUDERDALE, FL 33313 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:** GARY HERMAN

03/15/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PRESIDENT, DIRECTOR  
Name GARY, HERMAN  
Address 5701 WEST SUNRISE BLVD., SUITE 200  
City-State-Zip: FT. LAUDERDALE FL 33313

Title D  
Name WIESEMAN, ANDREW S  
Address 7650 NW 47TH DRIVE  
City-State-Zip: CORAL SPRINGS FL 33067

Title VP  
Name SHER, HILTON  
Address 5701 WEST SUNRISE BLVD  
City-State-Zip: FT. LAUDERDALE FL 33313

Title DIRECTOR  
Name HOROWITZ, BRIAN  
Address 5701 WEST SUNRISE BLVD  
SUITE 200  
City-State-Zip: FORT LAUDERDALE FL 33313

Title D  
Name DERNIS, MELANIE A  
Address 7295 SW 132ND STREET  
City-State-Zip: MIAMI FL 33156

Title SCTY  
Name LIBREA, ROMEO  
Address 5701 WEST SUNRISE BLVD  
City-State-Zip: FT. LAUDERDALE FL 33313

Title DIRECTOR  
Name SHERRY, JONATHAN  
Address 5701 W. SUNRISE BLVD  
City-State-Zip: FT. LAUDERDALE FL 33313

Title DIRECTOR  
Name CASERTA, MICHAEL  
Address 5701 WEST SUNRISE BLVD  
SUITE 200  
City-State-Zip: FORT LAUDERDALE FL 33313

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*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:** HILTON SHER

VP

03/15/2021

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	SHARP, CATALINA
Address	5701 W. SUNRISE BLVD
City-State-Zip:	FT. LAUDERDALE FL 33313