

2024 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000003258

Entity Name: CONSUMER CREDIT COUNSELING SERVICE OF THE MIDWEST, INC.

FILED
Apr 12, 2024
Secretary of State
4554477064CC

Current Principal Place of Business:

700 TAYLOR RD
STE 190
GAHANNA, OH 43230

Current Mailing Address:

700 TAYLOR RD
STE 190
GAHANNA, OH 43230 US

FEI Number: 31-0731111

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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 TREASURER, CFO
Name KALLAY, CHRISTOPHER
Address 700 TAYLOR RD
 STE 190
City-State-Zip: GAHANNA OH 43230

Title PRESIDENT
Name CANTRELL, JOHNNY
Address 700 TAYLOR RD
 STE 190
City-State-Zip: GAHANNA OH 43230

Title DIRECTOR
Name HEYSE, FREDERICK
Address 700 TAYLOR RD
 STE 190
City-State-Zip: GAHANNA OH 43230

Title DIRECTOR
Name RICH, TERESA H
Address 700 TAYLOR RD
 STE 190
City-State-Zip: GAHANNA OH 43230

Title DIRECTOR
Name MICHAEL, JAY
Address 700 TAYLOR RD
 STE 190
City-State-Zip: GAHANNA OH 43230

Title DIRECTOR
Name STEVE, WEIKER
Address 700 TAYLOR RD
 STE 190
City-State-Zip: GAHANNA OH 43230

Title SECRETARY
Name YODER, BRIAN
Address 700 TAYLOR RD
 STE 190
City-State-Zip: GAHANNA OH 43230

Title DIRECTOR
Name CURTIS, JOSHUA
Address 700 TAYLOR RD
 STE 190
City-State-Zip: GAHANNA OH 43230

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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: BRIAN YODER

SECRETARY

04/12/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name HARDING, MICHAEL
Address 700 TAYLOR RD
 STE 190
City-State-Zip: GAHANNA OH 43230

Title DIRECTOR
Name SELHORST, KAYLA
Address 700 TAYLOR RD
 STE 190
City-State-Zip: GAHANNA OH 43230

Title DIRECTOR
Name TOKI, STACY
Address 700 TAYLOR RD
 STE 190
City-State-Zip: GAHANNA OH 43230