Electronic Signature of Signing Officer/Director Detail

ARY

SENIOR VICE

PRESIDENT/CFO/SECRET

04/05/2023

Date

1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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

Officer/Director Detail ·

above, or on an attachment with all other like empowered.

SIGNATURE: ELIZABETH SCHOMBURG

Officer/Director Detail :			
Title	DIRECTOR, CHAIRMAN	Title	PRESIDENT/DIRECTOR
Name	CRONEY, ARTHUR	Name	MCAULIFFE, MICHAEL J
Address	259 ORTEGA DRIVE	Address	4304-06 CHARLES STREET
City-State-Zip:	NEWBURY PARK CA 91320	City-State-Zip:	ROCKFORD IL 61108
Title	VP, TREASURER, SECRETARY	Title	DIRECTOR
Name	SCHOMBURG, ELIZABETH	Name	RUCKERT, RON
Address	4304-06 CHARLES STREET	Address	1113 NORFOLK AVE.
City-State-Zip:	ROCKFORD IL 61108	City-State-Zip:	WESTCHESTER IL 60154
Title	DIRECTOR	Title	DIRECTOR
Title Name	DIRECTOR PARLIN, CAROL	Title Name	DIRECTOR DELGADO-SERRANO, LOURDES
Name	PARLIN, CAROL	Name	DELGADO-SERRANO, LOURDES 530 NE GLEN OAK AVENUE
Name Address City-State-Zip:	PARLIN, CAROL 3950 N LAKE SHORE DRIVE, #1301 CHICAGO IL 60613	Name Address	DELGADO-SERRANO, LOURDES 530 NE GLEN OAK AVENUE
Name Address	PARLIN, CAROL 3950 N LAKE SHORE DRIVE, #1301 CHICAGO IL 60613 DIRECTOR	Name Address City-State-Zip:	DELGADO-SERRANO, LOURDES 530 NE GLEN OAK AVENUE PEORIA IL 61637
Name Address City-State-Zip: Title	PARLIN, CAROL 3950 N LAKE SHORE DRIVE, #1301 CHICAGO IL 60613	Name Address City-State-Zip: Title	DELGADO-SERRANO, LOURDES 530 NE GLEN OAK AVENUE PEORIA IL 61637 DIRECTOR
Name Address City-State-Zip: Title Name	PARLIN, CAROL 3950 N LAKE SHORE DRIVE, #1301 CHICAGO IL 60613 DIRECTOR MENDEZ, PEYTON 2338 S. CLINTON AVENUE	Name Address City-State-Zip: Title Name	DELGADO-SERRANO, LOURDES 530 NE GLEN OAK AVENUE PEORIA IL 61637 DIRECTOR KLEPACKI, CATHERINE

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

2023 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F13000005012

Entity Name: FAMILY CREDIT COUNSELING SERVICE, INC.

Current Principal Place of Business:

4304-06 CHARLES STREET ROCKFORD, IL 61108

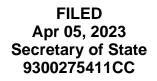
Current Mailing Address:

4304-06 CHARLES STREET ROCKFORD, IL 61108

FEI Number: 36-4060853

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED



Certificate of Status Desired: No

Date