

**2020 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

**FILED**  
**Apr 03, 2020**  
**Secretary of State**  
**7391291301CC**

**Current Mailing Address:**

4304-06 CHARLES STREET  
ROCKFORD, IL 61108

**FEI Number: 36-4060853**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

BUSINESS FILINGS INCORPORATED  
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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           DIRECTOR  
Name           CRONEY, ARTHUR  
Address        259 ORTEGA PARK  
City-State-Zip: NEWBURY PARK CA 91320

Title           PRESIDENT  
Name           MCAULIFFE, MICHAEL J  
Address        4304-06 CHARLES STREET  
City-State-Zip: ROCKFORD IL 61108

Title           DIRECTOR, CHARIMAN  
Name           GALLOWAY, CURTIS  
Address        1975 ALINDA AVENUE  
City-State-Zip: OTTAWA IL 61350

Title           VP, TREASURER, SECRETARY  
Name           SCHOMBURG, ELIZABETH  
Address        4304-06 CHARLES STREET  
City-State-Zip: ROCKFORD IL 61108

Title           DIRECTOR  
Name           RUCKERT, RON  
Address        1113 NORFOLK AVE.  
City-State-Zip: WESTCHESTER IL 60154

Title           DIRECTOR  
Name           PARLIN, CAROL  
Address        3950 N LAKE SHORE DRIVE, #1301  
City-State-Zip: CHICAGO IL 60613

Title           DIRECTOR  
Name           DALY, LORETTA  
Address        3323 VERNON AVENUE  
City-State-Zip: BROOKFIELD IL 60513-1444

Title           DIRECTOR  
Name           DELGADO-SERRANO, LOURDES  
Address        530 NE GLEN OAK AVENUE  
City-State-Zip: PEORIA IL 61637

**Continues on page 2**

*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: ELIZABETH SCHOMBURG**

**SENIOR VICE  
PRESIDENT/CFO;SECRET  
ARY**

**04/03/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR

Name MENDEZ, JOSE

Address 2338 S. CLINTON AVENUE

City-State-Zip: BERWYN IL 60402