

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 710286

FILED
Mar 20, 2009
Secretary of State

Entity Name: ASSOCIATED CREDIT BUREAUS OF FLORIDA, INC.

Current Principal Place of Business:

4250 KELSON AVE.
MARIANNA, FL 32446 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 764
MARIANNA, FL 32447 US

New Mailing Address:

FEI Number: 59-6142091

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUGHES, DONALD D
4250 KELSON AVE.
MARIANNA, FL 32446 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: KRONE, ROBERT,
Address: 134 S TAMPA ST.
City-St-Zip: TAMPA, FL

Title: PD () Delete
Name: BRACKETT, ROBERT,
Address: 2066 14 AVE
City-St-Zip: VERO BCH, FL

Title: VPD () Delete
Name: VON DER OSTON, JO ANN
Address: 711 ELGIN PKWY N.E.
City-St-Zip: FT. WALTON BEACH, FL

Title: T () Delete
Name: HUGHES, DONALD D
Address: 4250 KELSON AVE.
City-St-Zip: MARIANNA, FL 32446

Title: P () Delete
Name: MCDONELS, MIKE
Address: 109 S.E. 1ST ST.
City-St-Zip: OCALA, FL 34471

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DONALD D HUGHES

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03/20/2009

Electronic Signature of Signing Officer or Director

Date