FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -9 AM 9:17

DOCUMENT # 730038 (7)

1. Corporation Name

CONSUMER CREDIT COUNSELING SERVICE OF THE FLORID
A GULF COAST, INC.

Principal Place of Business	Mailing Address
5202 W KENNEDY BLVD. STE 110 TAMPA FL 33609 US	5201 W KENNEDY BLVD. STE 110 TAMPA FL 33609 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/21/1974
3a. Date of Last Report: 04/21/1994
4. FEI Number: 59-1556688 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21 5201 W. KENNEDY BLVD.
Suite, Apt. #, etc.
22 SUITE 110
City & State
23 TAMPA FL
Zip 24 33609 Country 25 US

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

TRITHART, DIANE L.
5201 W KENNEDY BLVD, STE 110
TAMPA FL 33609

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	1.1 TITLE		☐ Change ☐ Addition
NAME	PODOWSKI, LEONARD M.	1.2 NAME		
STREET ADDRESS	3802 NORTHDALE BLVD.	1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP		
TITLE	TD	2.1 TITLE	TD	☒ Change ☐ Addition
NAME	OSIASON, MIMI	2.2 NAME	LYNCH, WILLIAM F. SR.	
STREET ADDRESS	1313 TAMPA ST.	2.3 STREET ADDRESS	6160 14TH STREET WEST	
CITY-ST-ZIP	TAMPA, FL 00000	2.4 CITY-ST-ZIP	BRADENTON, FL 34207	
TITLE	SD	3.1 TITLE		☐ Change ☐ Addition
NAME	KIMMEL, CLARE	3.2 NAME		
STREET ADDRESS	3302 W DR MARTIN LUTHER KING BLVD	3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP		
TITLE	MD	4.1 TITLE		☐ Change ☐ Addition
NAME	TRITHART, DIANE L.	4.2 NAME		
STREET ADDRESS	5201 W KENNEDY BLVD, STE 110	4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP		
TITLE	CD	5.1 TITLE		☐ Change ☐ Addition
NAME	KRONE, ROBERT	5.2 NAME		
STREET ADDRESS	134 S. TAMPA STREET	5.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Diane L. Trithart DIANE L. TRITHART 3/6/95 (813) 209-0923
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0083868