

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 730038 (7)

1. Corporation Name

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



Principal Place of Business

5201 W KENNEDY BLVD  
STE 110  
TAMPA FL 33609  
US

Mailing Address

5201 W KENNEDY BLVD. STE 110  
TAMPA FL 33609  
US

3. Date Incorporated or Qualified  
06/21/1974

3a. Date of Last Report  
03/09/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

POTTER, WILLIAM R.

82 Street Address (P.O. Box Number is Not Acceptable)

5201 W. KENNEDY BLVD., STE 110

83

84 City

TAMPA

FL

85 Zip Code  
33609

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.003, Florida Statutes.

SIGNATURE

*William R. Potter*

WILLIAM R. POTTER, PRESIDENT

2/27/96

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	PODOWSKI, LEONARD M.	
STREET ADDRESS	3802 NORTHDAL BLVD.	
CITY-ST-ZIP	TAMPA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	LYNCH, WILLIAM F. S	
STREET ADDRESS	6160 14TH ST W	
CITY-ST-ZIP	BRADENTON FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	KIMMEL, CLARE	
STREET ADDRESS	3302 W DR MARTIN LUTHER KING BLVD	
CITY-ST-ZIP	TAMPA FL	
TITLE	MD	<input checked="" type="checkbox"/> DELETE
NAME	TRITHART, DIANE L.	
STREET ADDRESS	5201 W KENNEDY BLVD, STE 110	
CITY-ST-ZIP	TAMPA FL	
TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	KRONE, ROBERT	
STREET ADDRESS	134 S. TAMPA STREET	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	MD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	POTTER, WILLIAM R.	
4.3 STREET ADDRESS	5201 W. KENNEDY BLVD., STE 110	
4.4 CITY-ST-ZIP	TAMPA FL 33609	
5.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	HAMP, EDWARD W. JR.	
5.3 STREET ADDRESS	3815 N. NEBRASKA AVE.	
5.4 CITY-ST-ZIP	TAMPA FL 33606	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(k), 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:

*William R. Potter*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
WILLIAM R. POTTER, PRESIDENT

Date

2/27/96 813-289-8923

Daytime Phone #

CR2E037 (12/95)