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Mar 19 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **730038** (7)

1. Corporation Name

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



Principal Place of Business

Mailing Address

5201 W KENNEDY BLVD  
STE 110  
TAMPA FL 33609  
US

5201 W KENNEDY BLVD. STE 110  
TAMPA FL 33609-1880  
US

3. Date Incorporated or Qualified

06/21/1974

3a. Date of Last Report

03/01/1996

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

POTTER, WILLIAM R.  
5201 W KENNEDY BLVD  
SUITE 110  
TAMPA FL 33609

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 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CD	<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	VD	<input checked="" type="checkbox"/> DELETE
NAME	KIMMEL, CLARE	
STREET ADDRESS	3302 W DR MARTIN LUTHER KING BLVD	
CITY- ST- ZIP	TAMPA FL	
TITLE	MD	<input type="checkbox"/> DELETE
NAME	POTTER, WILLIAM R.	
STREET ADDRESS	5201 W KENNEDY BLVD, STE 110	
CITY- ST- ZIP	TAMPA FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HAMP, EDWARD W. JR.	
STREET ADDRESS	3815 N. NEBRASKA AVENUE	
CITY- ST- ZIP	TAMPA FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HAUGABOOK, EARL	
STREET ADDRESS	702 N. FRANKLIN STREET	
CITY- ST- ZIP	TAMPA FL 33602	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	HAUGABOOK, EARL
6.3 STREET ADDRESS	702 N. FRANKLIN ST
6.4 CITY- ST- ZIP	TAMPA FL 33602

14. I do hereby certify that the information supplied with this filing 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/97  
Date

(813) 289-8923  
Daytime Phone # 0047613

CR2E037 (9/96)