


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90195 030 ****61.25

114597 - 90195 - 30



NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 730038					
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		
2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 06/21/1974	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-1556688	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Country 25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent POTTER, WILLIAM R. 5201 W KENNEDY BLVD SUITE 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 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 SD <input type="checkbox"/> DELETE NAME SULLIVAN, SHARON STREET ADDRESS 4915 W CPYRESS ST, STE. 130 CITY-ST-ZIP TAMPA FL 33607			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE CD <input type="checkbox"/> DELETE NAME LYNCH, WILLIAM F. S STREET ADDRESS 6160 14TH ST W CITY-ST-ZIP BRADENTON FL			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE MD <input type="checkbox"/> DELETE NAME POTTER, WILLIAM R. STREET ADDRESS 5201 W KENNEDY BLVD, STE 110 CITY-ST-ZIP TAMPA FL			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE VD <input type="checkbox"/> DELETE NAME HAMP, EDWARD W. JR. STREET ADDRESS 3815 N. NEBRASKA AVENUE CITY-ST-ZIP TAMPA FL			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE TD <input type="checkbox"/> DELETE NAME HAUGABOOK EARL STREET ADDRESS 702 N. FRANKLIN ST CITY-ST-ZIP TAMPA FL			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS			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 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, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/99

Date

813/289-8923 x124

Daytime Phone #

CR2E037 (11/98)