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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 13 PM 1:41

DOCUMENT # 731103 (8)

1. Corporation Name

CONSUMER CREDIT COUNSELING SERVICE OF CENTRAL FL ORIDA, INC.

Principal Place of Business	Mailing Address
455 S. ORANGE AVE. 400 ORLANDO FL 32801 US	P.O. BOX 4963 ORLANDO FL 32802-4963 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/13/1974
3a. Date of Last Report: 01/25/1994
4. FEI Number: 59-1559056 ☐ Applied For ☐ Not Applicable
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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

LANG, THOMAS F.
C/O HONIGNAM, MILLER, SCHWARTZ, AND COHN
390 N. ORANGE AVE., #1300
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) c/o Wells, Allen, Lang & Morrison
83 340 N. Orange Avenue
84 City Orlando FL 85 Zip Code 32801

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	VCT	1.1 TITLE	CD ☒ Change ☐ Addition
NAME	TURNER, EARL "RUSTY"	1.2 NAME	Embree, Thomas E.
STREET ADDRESS	337 S. NORTH LAKE BLVD.	1.3 STREET ADDRESS	3075 Alafaya Trail, Suite 200
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	1.4 CITY-ST-ZIP	Orlando, FL 32826-0990
TITLE	VCD	2.1 TITLE	VCD ☒ Change ☐ Addition
NAME	CROTTY, NANCY A.	2.2 NAME	Lesperance, Kelley
STREET ADDRESS	4987 SOUTHFORK RANCH RD	2.3 STREET ADDRESS	1021 N. Wymore Roda
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	Winter Park, FL 32789
TITLE	CD	3.1 TITLE	VCS ☒ Change ☐ Addition
NAME	FISCHER, GARY D.	3.2 NAME	Christman, John R.
STREET ADDRESS	222 CAPITAL COURT	3.3 STREET ADDRESS	65 N. Orange Avenue
CITY-ST-ZIP	OCOEE FL	3.4 CITY-ST-ZIP	Orlando, FL 32801
TITLE	PD	4.1 TITLE	☐ Change ☐ Addition
NAME	REED,GEORGE C.	4.2 NAME	
STREET ADDRESS	1504 SOUTH SUMMERLIN	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO,FL 0	4.4 CITY-ST-ZIP	
TITLE	VCD	5.1 TITLE	VCT ☒ Change ☐ Addition
NAME	STANAKIS, MARC	5.2 NAME	Thomson, Patrick
STREET ADDRESS	5850 T.G. LEE BLVD	5.3 STREET ADDRESS	6009 Christian Way
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	Orlando, FL 32808
TITLE	VCD	6.1 TITLE	VCD ☒ Change ☐ Addition
NAME	HODGES, DONNA A.	6.2 NAME	Polansky, John
STREET ADDRESS	20 N. ORANGE AVE	6.3 STREET ADDRESS	455 S. Orange Ave.
CITY-ST-ZIP	ORLANDO FL	6.4 CITY-ST-ZIP	Orlando, FL 32801

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: George C. Reed, President 1/19/95 (407) 423-2227
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone #

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