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NONPROFIT CORPORATION ANNUAL REPORT
**1997**

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

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.<br>400<br>ORLANDO FL 32801<br>US | P.O. BOX 4963<br>ORLANDO FL 32802-4963<br>US |

3. Date Incorporated or Qualified: 11/13/1974
3a. Date of Last Report: 05/01/1996

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 3670 Maguire Blvd | 26 |
| Suite, Apt #, etc.<br>22 Suite 103 | Suite, Apt. #, etc.<br>27 |
| City & State<br>23 Orlando, Florida | City & State<br>28 |
| Zip / Country<br>24 32803 / 25 | Zip / Country<br>29 / 30 |

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| LANG, THOMAS F.<br>C/O WELLS, ALLEN, LANG & MORRISON<br>340 N. ORANGE AVE.<br>ORLANDO FL 32801 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>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 _____ 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 / NAME / STREET ADDRESS / CITY-ST-ZIP | CD<br>EMBREE, THOMAS E.<br>3075 ALAFAYA TRAIL, SUITE 200<br>ORLANDO FL | ☐ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | D | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VCD<br>LESPERANCE, KELLEY<br>1021 N. WYMORE RODA<br>WINTER PARK FL | ☐ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | CD | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VCS<br>CHRISTMAN, JOHN R.<br>65 N. ORANGE AVENUE<br>ORLANDO FL | ☒ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | DS<br>Skaggs, Richard J.<br>2021 E. Jefferson Street<br>Orlando, FL 32803 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>REED,GEORGE C.<br>1504 SOUTH SUMMERLIN<br>ORLANDO,FL 0 | ☐ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VCT<br>THOMSON, PATRICK<br>6009 CHRISTIAN WAY<br>ORLANDO FL | ☒ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | DT<br>Taylor, Thomas Jr.<br>613 Longmeadow Circle<br>Longwood, FL 32779 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VCD<br>POLANSKY, JOHN<br>455 S. ORANGE AVE.<br>ORLANDO FL | ☒ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | D<br>Berry, John, Jr.<br>1309 Medinah Court<br>Winter Park, FL 32792 | ☐ Change ☒ Addition |

CR2E037 (9/96)

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] REQUIRED 3/26/97 (407)895-8886
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0016206