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Apr 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **731103** (8)

1. Corporation Name

CONSUMER CREDIT COUNSELING SERVICE OF CENTRAL FLORIDA, INC.

Principal Place of Business

Mailing Address

**3670 MARGUIRE BLVD
#103
ORLANDO FL 32803
US**

**P.O. BOX 4963
ORLANDO FL 32802-4963
US**



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 **25**

29 **30**

3. Date Incorporated or Qualified

11/13/1974

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LANG, THOMAS F.
C/O WELLS, ALLEN, LANG & MORRISON
340 N. ORANGE AVE.
ORLANDO FL 32801**

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 **D** ☐ DELETE

NAME **EMBREE, THOMAS E.**

STREET ADDRESS **3075 ALAFAYA TRAIL, SUITE 200**

CITY-ST-ZIP **ORLANDO FL**

TITLE **CD** ☐ DELETE

NAME **LESPERANCE, KELLEY**

STREET ADDRESS **1021 N. WYMORE RODA**

CITY-ST-ZIP **WINTER PARK FL**

TITLE **DS** ☐ DELETE

NAME **SKAGGS, RICHARD J**

STREET ADDRESS **2021 E JEFFERSON STREET**

CITY-ST-ZIP **ORLANDO FL**

TITLE **PD** ☒ DELETE

NAME **REED, GEORGE C.**

STREET ADDRESS **1504 SOUTH SUMMERLIN**

CITY-ST-ZIP **ORLANDO, FL 0**

TITLE **DT** ☐ DELETE

NAME **TAYLOR JR, THOMAS**

STREET ADDRESS **613 LONGMEADOW CIRCLE**

CITY-ST-ZIP **LONGWOOD FL**

TITLE **D** ☐ DELETE

NAME **BERRY JR, JOHN**

STREET ADDRESS **1309 MEDINAH COURT**

CITY-ST-ZIP **WINTER PARK FL**

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME **Yost, Thomas E.**

4.3 STREET ADDRESS **1156 Fairway Drive**

4.4 CITY-ST-ZIP **Winter Park, FL 32792**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

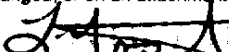
6.2 NAME

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.

SIGNATURE:



Thomas E. Yost, President

3/18/98

(407)895-8886

CR2E037 (10/97)