

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 731347 (1)

1. Corporation Name

CONSUMER CREDIT COUNSELING SERVICE OF PALM BEACH
COUNTY AND THE TREASURE COAST OF FLORIDA, INC.



Principal Place of Business

Mailing Address

2330 CONGRESS AVENUE SOUTH
SUITE 1A
WEST PALM BEACH FL 33406

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SUITE 1A
WEST PALM BEACH FL 33406

3. Date Incorporated or Qualified

12/09/1974

3a. Date of Last Report

02/14/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1605523

Applied For

Not Applicable

22

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24

29

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

DEUSCHLE, JESSICA
2330 CONGRESS AVENUE SOUTH
SUITE 1-A
WEST PALM BEACH FL 33406

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PD	LIBERTI, BRENDA	111 GEORGIA AVE	WEST PALM BEACH FL	<input type="checkbox"/>
PED	LODWICK, DAVID	5 HARVARD CIRCLE SUITE 110	W PALM BEACH FL	<input type="checkbox"/>
SD	LAPP, JANET	205 DATURA STREET 10TH FLOOR	W PALM BEACH FL	<input type="checkbox"/>
DMD	CECERE, JESSICA	2330 S CONGRESS AVE STE 1A	W PALM BEACH FL	<input type="checkbox"/>
VD	COOKE, WILLIAM A	7568 PALM RD	W PALM BEACH FL	<input type="checkbox"/>
TD	BARIE, DAVID	7601 N FEDERAL HIGHWAY	BOCA RATON FL	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/96

407-434-2844

Date

SC

Daytime Phone #

3-19-96

CR2E037 (12/95)