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May 14 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Moorman
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

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

Mailing Address

2330 CONGRESS AVENUE SOUTH
SUITE 1A
WEST PALM BEACH FL 33406-7664



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified
12/09/1974

3a. Date of Last Report
03/19/1996

4. FEI Number

59-1605523

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

CECERE, 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE
NAME LIBERTI, BRENDA
STREET ADDRESS 111 GEORGIA AVE
CITY-ST-ZIP WEST PALM BEACH FL

1.1 TITLE Chairman PD ☒ Change ☐ Addition
1.2 NAME David Lodwick
1.3 STREET ADDRESS Slaton Insurance
1.4 CITY-ST-ZIP Harvard Cir., #110, W.P.B., FL 33409

TITLE PED ☒ DELETE
NAME LODWICK, DAVID
STREET ADDRESS 5 HARVARD CIRCLE SUITE 110
CITY-ST-ZIP W PALM BEACH FL

2.1 TITLE Vice Chairman VD ☒ Change ☐ Addition
2.2 NAME Tim Sullivan - Barnett Bank
2.3 STREET ADDRESS 900 E. Prima Vista Blvd.
2.4 CITY-ST-ZIP Port St. Lucie, FL 34952

TITLE SD ☒ DELETE
NAME LAPP, JANET
STREET ADDRESS 205 DATURA STREET 10TH FLOOR
CITY-ST-ZIP W PALM BEACH FL

3.1 TITLE Treasurer TD ☒ Change ☐ Addition
3.2 NAME David Barie - State Dept. of Banking & Finance
3.3 STREET ADDRESS 111 Georgia Avenue
3.4 CITY-ST-ZIP West Palm Beach, FL 33401

TITLE DMD ☒ DELETE
NAME CECERE, JESSICA
STREET ADDRESS 2330 S CONGRESS AVE STE 1A
CITY-ST-ZIP W PALM BEACH FL

4.1 TITLE Secretary SD ☒ Change ☐ Addition
4.2 NAME Janet Lapp
4.3 STREET ADDRESS Barnett Bank - 205 Datura Street, 10th Floor
4.4 CITY-ST-ZIP West Palm Beach, FL 33401

TITLE VD ☒ DELETE
NAME COOKE, WILLIAM A
STREET ADDRESS 7568 PALM RD
CITY-ST-ZIP W PALM BEACH FL

5.1 TITLE President/CEO M ☒ Change ☐ Addition
5.2 NAME Jessica Cecere
5.3 STREET ADDRESS 2330 Congress Avenue S., Ste. 1A
5.4 CITY-ST-ZIP West Palm Beach, FL 33406

TITLE TD ☒ DELETE
NAME BARIE, DAVID
STREET ADDRESS 7601 N FEDERAL HIGHWAY
CITY-ST-ZIP BOCA RATON FL

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/97 (50) 434-2544
Date Daytime Phone # 0040307

CR2E037 (9/96)