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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 731347

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

3. Date Incorporated or Qualified

12/09/1974

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

TITLE PD
 NAME LODWICK, DAVID
 STREET ADDRESS 4500 PGA BLVD #S-304B
 CITY-ST-ZIP PALM BCH GDNS FL 33418 ☐ DELETE

TITLE VD
 NAME SULLIVAN, TIM
 STREET ADDRESS 900 S FEDERAL HWY
 CITY-ST-ZIP STUART FL 34995 ☐ DELETE

TITLE TD
 NAME BARIE, DAVID
 STREET ADDRESS 111 S SAPODILLA AVE
 CITY-ST-ZIP W PALM BEACH FL 33401 ☐ DELETE

TITLE SD
 NAME KOLLMER, MARILYN
 STREET ADDRESS 185 E INDIANTOWN RD #112
 CITY-ST-ZIP JUPITER FL 33477 ☐ DELETE

TITLE PCEO
 NAME CECERE, JESSICA
 STREET ADDRESS 2330 CONGRESS AVENUE STE 1A
 CITY-ST-ZIP WEST PALM BEACH FL 33406 ☐ DELETE

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 111 S. Sapodilla Ave., S-211
 3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition
 4.2 NAME SD
 4.3 STREET ADDRESS Kollmer, Marianne
 4.4 CITY-ST-ZIP 2444 Metrocentre Blvd.
 West Palm Beach, FL 33407

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/99

Date

561-434-2544

Daytime Phone #

CR2E037 (11/98)