

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90094 008 ****61.25

50011343

DOCUMENT # 732101 1. Entity Name CONSUMER CREDIT COUNSELING SERVICE OF WEST FLORIDA, INC.					
Principal Place of Business 14 PALAFOX PLACE PO BOX 950 PENSACOLA, FL 32501 US			Mailing Address 14 PALAFOX PLACE PO BOX 950 PENSACOLA, FL 32501 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 52-1242143			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent SCHLENKER, PATRICK SACRED HEART HOSPITAL 5151 N 9TH AVE PENSACOLA, FL 32504			7. Name and Address of New Registered Agent Name LOUIS A. MAYGARDEN Street Address (P.O. Box Number is Not Acceptable) 14 PALAFOX PLACE City PENSACOLA FL 32502		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO MAYGARDEN, L A 1241 TAMARA DR PENSACOLA, FL	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SCHLENKER, PATRICK 5151 N 9TH AVE PENSACOLA, FL	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEARD, BEN W. 3740 MCCLELLAN ROAD PENSACOLA, FL	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OCHS, JOHN H 1495 E NINE MILE RD PENSACOLA, FL 32514	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dr. Martin Gonzalez 5988 Hwy. 90-Pike Milton Campus Milton, FL 32583-1798	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Dr. Edward Ranelli, PhD University of West FL Pensacola, FL 32514	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VIF Meredith Robinson P.O. Box 530 - Pensacola Chamber of Commerce Pensacola, FL 32591	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gary Sammons One Engery Place - Gulf Power Pensacola, FL 32520-0037	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED Larry Strain 401 E. Chase St. Pensacola, FL 32502	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/C W.G. "Butch" Wallace 6240 Scotts Place Pensacola, FL 32526	☐ Change ☒ Addition			
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>L. A. Maygarden</i>		2-2-05 850-434-0268			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			

Additions

ATTACHMENT

(# 73210)

50011343

Title D

Name Betty Wasson

Address 1601 Waters Edge Lane

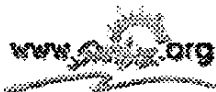
City-St-Zip Pensacola, FL. 32507

Title S/D

Name Paul Young

Address 5955 Osprey Place

City-St-Zip Pensacola, FL 32504



ATTACHMENT
50011343
Division of Corporations

2005 Annual Report

Listed below is the most recent information reported for the entity.
Please review and click the appropriate button at the bottom to generate the annual report form.

OLD
2003-04

This information cannot be changed on the report.	
Document Number	732101
Business Entity Name	CONSUMER CREDIT COUNSELING SERVICE OF WEST FLORIDA, INC.
Original File Date	03/10/1975

FEI Number 52-1242143

Principal Address 14 PALAFOX PLACE
PO BOX 950
PENSACOLA, FL 32501 US

Mailing Address 14 PALAFOX PLACE
PO BOX 950
PENSACOLA, FL 32501 US

Registered Agent PATRICK SCHLENKER
SACRED HEART HOSPITAL
5151 N 9TH AVE
PENSACOLA, FL 32504 US

Officer/Director Name And Address

PCEO
MAYGARDEN, L A
1241 TAMARA DR
PENSACOLA, FL

STD
~~PATRICK SCHLENKER~~
~~5151 N 9TH AVE~~
~~PENSACOLA, FL~~

Delet

D
BEARD, BEN W.
3740 MCCLELLAN ROAD
PENSACOLA, FL

D

ATTACHMENT

JOHN H OCHS
1495 E NINE MILE RD
PENSACOLA, FL 32514

#732101
50011343

If all of the above information is correct
and you do not wish to make any
changes, please select:

No Changes

If you need to make changes to
the above information, please
select:

Make Changes

Sunbiz Home Page

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