2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State
02-07-2005 90094 008 ****61.25

DOCUMENT # 732101

1. Entity Name
CONSUMER CREDIT COUNSELING SERVICE OF WEST FLORIDA, INC.

50011343

Principal Place of Business	Mailing Address
14 PALAFOX PLACE PO BOX 950 PENSACOLA, FL 32501 US	14 PALAFOX PLACE PO BOX 950 PENSACOLA, FL 32501 US

01262005 Chg-NP CR2E037 (10/03)

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	7. Name and Address of New Registered Agent
SCHLENKER, PATRICK SACRED HEART HOSPITAL 5151 N 9TH AVE PENSACOLA, FL 32504	Name: LOUIS A. MAYGARDEN Street Address (P.O. Box Number is Not Acceptable): 14 PALAFOX PLACE City: PENSACOLA FL Zip Code: 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 _____
Signature, typed or printed name of registered agent and title if applicable. (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	D Dr. Martin Gonzalez 5988 Hwy. 90-PTC Milton Campus Milton, FL 32583-1198	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD SCHLENKER, PATRICK 5151 N 9TH AVE PENSACOLA, FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C Dr. Edward Rancelli, Phd University of West FL Pensacola, FL 32514	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BEARD, BEN W. 3740 MCCLELLAN ROAD PENSACOLA, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/F Meredith Robinson P.O. Box 550 - Pensacola Chamber of Commerce Pensacola, FL 32591	☐ Change ☑ Addition
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 Gary Sammons One Energy Place - Gulf Power Pensacola, FL 32520-0037	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/D Larry Strain 401 E. Chase St. Pensacola, FL 32502	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	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: L. A. Maygarden 2-2-05 850-434-0268
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Additions

ATTACHMENT
#732401
5001343

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
S001343

Division of Corporations

2005 Annual Report

OLD
2003-04

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.

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 #732401

S0011343

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

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

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