


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2007 8:00 am
Secretary of State

01-11-2007 90058 025 ****70.00

DOCUMENT # 732101	
1. Entity Name CONSUMER CREDIT COUNSELING SERVICE OF WEST FLORIDA, INC.	

Principal Place of Business 14 PALAFOX PLACE PENSACOLA, FL 32502 US	Mailing Address P.O. BOX 950 PENSACOLA, FL 32591 US
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DO NOT WRITE IN THIS SPACE

1000107



01032007 No Chg-NP CR2E037 (4/06)

4. FEI Number 52-1242143	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MAYGARDEN, LOUIS A 14 PALAFOX PLACE PENSACOLA, FL 32502
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8. The above named entry 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO MAYGARDEN, LOUIS A 10100 HILLVIEW DR. APT. 1304 PENSACOLA, FL 32514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C RANELLI, EDWARD PH.D. UNIVERSITY OF WEST FLORIDA PENSACOLA, FL 32514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S YOUNG, PAUL 5955 OSPREY PLACE PENSACOLA, FL 32504
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OCHS, JOHN H 1495 E NINE MILE RD PENSACOLA, FL 32514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC WALLACE, W.G. "BUTCH" 6740 SCOTTS PLACE PENSACOLA, FL 32526
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED STRAIN, LARRY 401 EAST CHASE STREET PENSACOLA, FL 32502

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>L.A. Maygarden</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	1/9/07 <small>Date</small>	850-434-0268 <small>Daytime Phone #</small>
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L.A. MAYGARDEN PCEO