

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2008 8:00 am
Secretary of State

02-21-2008 90029 029 ****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**

40029646



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02062008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
52-1242143

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**MAYGARDEN, LOUIS A
14 PALAFOX PLACE
PENSACOLA, FL 32502**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2008**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PCEO
MAYGARDEN, LOUIS A
10100 HILLVIEW DR. APT. 1304
PENSACOLA, FL 32514** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**C
RANELLI, EDWARD PH.D.
UNIVERSITY OF WEST FLORIDA
PENSACOLA, FL 32514** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**S
YOUNG, PAUL
5955 OSPREY PLACE
PENASCOLA, FL 32504** ☐ 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

**VC
WALLACE, W.G. "BUTCH"
6740 SCOTTS PLACE
PENSACOLA, FL 32526** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**ED
STRAIN, LARRY
401 EAST CHASE STREET
PENSACOLA, FL 32502** ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D. DR. MARTIN GONZALEZ
P.J.C. MILTON CAMPUS
5988 HWY 90
MILTON, FL 32583** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**T MEREDITH ROBINSON
PENSACOLA Chamber of Commerce
P.O. BOX 550
PENSACOLA FL 32591** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D GARY SAMMONS
GULF POWER
ONE ENERGY PLACE
PENSACOLA, FL 32520** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D Betty WASSON
1601 WATERS EDGE LANE
PENSACOLA, FL 32502** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D MICHAEL MENK
REGIONS BANK
P.O. BOX 12790
PENSACOLA, FL 32591** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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 *L.A. Maygarden*
L.A. MAYGARDEN PCEO

2/12/08
DATE

850-434-0268
PHONE